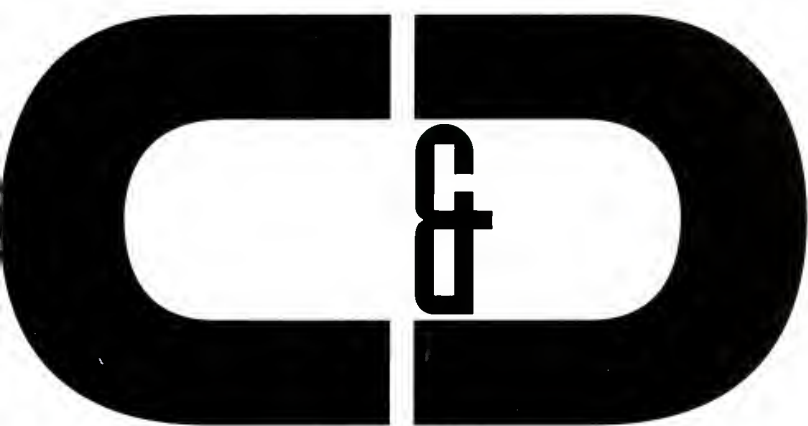




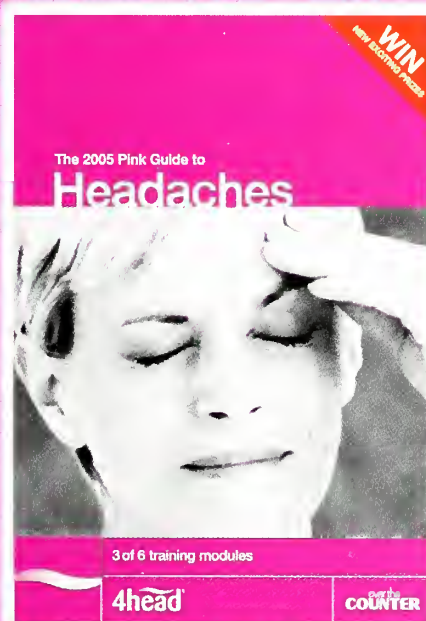
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Pharmacy Website of the Year 2004*

PRODUCT INFORMATION: NUROFEN FOR CHILDREN and NUROFEN FOR CHILDREN STRAWBERRY
ibuprofen 100mg/5ml

Indications: Reduction of fever, and relief of mild to moderate pain.

Dosage: 20-30mg/kg bodyweight in divided doses (see pack for details). Not suitable for children under 6 months of age unless advised by doctor. For oral administration. For short term use only.

Contraindications: Hypersensitivity to constituents. History of, or existing, peptic ulceration. History of asthma, nasal polyps, or urticaria associated with aspirin or other NSAIDs.

Precautions and Warnings: If symptoms persist for more than 3 days, consult doctor. Do not exceed the recommended dose. Caution in patients with renal, cardiac or hepatic impairment. Asthma sufferers, chronic allergy to aspirin, or those on any other regular treatment and pregnant women should consult doctor before use. Nurofen for Children and Nurofen for Children Strawberry are not suitable for patients with stomach ulcer or other stomach disorder.

Side effects: Hypersensitivity reactions including (a) non-specific allergic reaction and anaphylaxis, (b) angioedema, (c) direct reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (d) anaphylactoid reaction.

Exfoliative skin reactions (Stevens-Johnson syndrome, toxic epidermal necrolysis, erythema multiforme). Side effects may include abdominal pain, nausea, dyspepsia, diarrhoea, constipation, and gastric ulceration, renal failure. Also very rare thrombocytopenia. Bronchospasm may occur in asthmatics and in those with aspirin sensitive asthma.

Product Licence Holder: Nurofen (UK) Ltd, NG2 6AA

Legal Category: P

MRRP: 100ml £3.50 (50ml £1.95) Date: May 2004

Nurofen for Children: P 01/27/007

Nurofen for Children Strawberry: P 01/27/0156

Date of preparation: Jan 2005

Code: NF0777



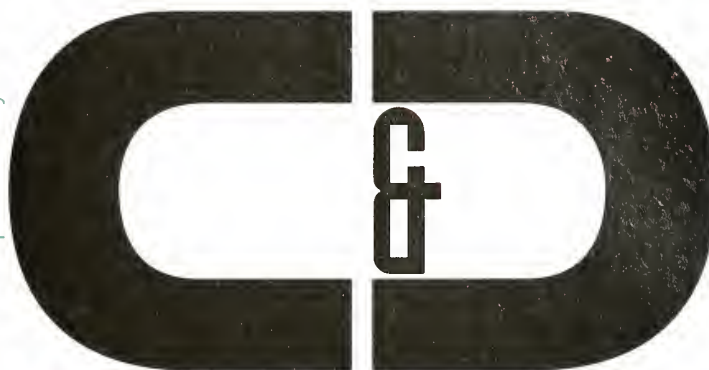
new 
strawberry flavour



Making Life Easier with Nurofen for Children

Getting a child to take medicine can sometimes be a battle - that's why taste is so important. Understanding that all children are different, Nurofen for Children now offers a choice of two great flavours, new Nurofen for Children Strawberry and 'original' Nurofen for Children orange flavour. Along with our easy dosing syringe, Nurofen for Children helps to make it easy to give the right dose exactly where it is needed.





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New fitness to practise requirements, part of the pharmacy contract and control of entry regulations, mean PCTs must refuse contract applications from people who have been sent to prison for six months or more. Steve Lutener, PSNC head of regulation (left) said such sanctions were "appropriate"

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Regs give PCTs contract veto

by Gary Paragpuri

PCTs are to get the power to refuse pharmacy contract requests if applicants have been convicted of a criminal offence in the UK.

The new fitness to practise requirements, which will also extend to directors and superintendents of pharmacy companies, mean PCTs must refuse contract applications from those that have been sent to prison for six months or more.

The requirements are part of the 130-page legislation underpinning the new pharmacy contract and control of entry regulations, *The National Health Service (Pharmaceutical Services) Regulations 2005*, which were laid before Parliament on March 10 and come into force on April 1.

Pharmacists, and in the case of bodies corporate, directors and superintendents, must inform PCTs by October 3 of any criminal convictions or police cautions in the UK, any convictions elsewhere that would constitute a criminal offence in England and Wales, and whether investigation into their professional conduct by a regulatory body or an investigation by the NHS Counter Fraud Service had an adverse outcome, among others.

The new legislation puts into place the fitness to practice

framework identified by the *Health and Social Care Act 2001*.

Steve Lutener, PSNC head of regulation, said it provided "appropriate sanctions for PCTs" where a contractor ran an inefficient service or committed offences. A supplementary list to cover all pharmacists that provide pharmaceutical services is expected within about a year, Mr Lutener added.

The regulations also detail the new arrangements covering pharmaceutical services in rural areas. In such areas, if the total number of registered patients living within a radius of 1.6km of a new pharmacy in a controlled area is less than 2,750, then dispensing patients can continue to receive dispensing services from their doctor if they wish even though a new pharmacy has opened. But new applications to dispense by doctors will not be permitted if there is a pharmacy within 1.6km of the premises from which the practice wishes to start dispensing.

Dispensing Doctors' Association chief executive David Baker said the agreement was a "testimony to the power of co-operation" with the DDA, GPC and PSNC presenting a "united front" to the DoH.

The legislation also covers the four exemptions to the revised control of entry requirements,



applications to and removals from pharmaceutical lists, provision of pharmaceutical services by doctors, and terms of service for pharmacists, dispensing doctors and appliance contractors.

Mr Lutener said the DoH had done a "good job" in translating the contract's essential services into the regulation with "no surprises". But mandatory directions rather than legislation will cover the advanced services, he added.

This is because not all contractors may be able to undertake the services, for example if a pharmacy was situated in a listed building and was unable to install a consultation area.

'Few surprises' in new regs

There are "few surprises" in the new control of entry regulations as the DoH was unable to change the primary legislation, a legal expert has said.

Although there has been some "tweaking of the minor relocation provisions", the DoH has been "hamstrung" by its inability to change *The National Health Service Act 1977* which contains the necessary or desirable test, and defines 'pharmaceutical services' as the supply of prescribed drugs and appliances, David Reissner, partner and head of healthcare at Charles Russell solicitors, has said. The new regulations were longer and more complex than the current version and likely to be "hugely burdensome" for PCTs.

"PCTs will not only have to learn them at the same time as implementing the new pharmacy contract, but significant new burdens are placed on PCTs. For example, whenever a new application is made, they will have to take up references and carry out checks on the applicant's fitness to practise, decide what to do about information they receive, and they will have to make decisions within a limited time frame," he said. **GP**

PSNC advises on disability aids

PSNC has issued guidance on pharmacists' obligations under the *Disability Discrimination Act 1995*.

The specification for the essential service, which supports people with disabilities, has not been transposed into the new contract regulations. But contractors have a responsibility to make reasonable adjustments to their services and provide auxiliary aids where appropriate.

The guidance includes how to decide if a patient is disabled under the meaning of the Act, whether services provided make it impossible or unreasonably difficult for them to use medicines dispensed and what might constitute an auxiliary aid.

PSNC said contractors are not obliged to supply MDS to patients who are not disabled, but PCTs should be encouraged to provide funding for MDS if the patient benefits from improved compliance. The funding for the service will be added to practice payments.

Minister says contract faces mid-term review

The new pharmacy contract will be subject to a mid-term review later this year, health minister Rosie Winterton has revealed. This will provide PSNC with an opportunity to provide variations to the contract if required, Ms Winterton told contractors from Camden PCT at a meeting on Tuesday.

David Kent, secretary of Camden and Islington LPC, said: "Regulations had been laid and the minister stated that it would be possible for PSNC to come back to the DoH and provide variations to the current

agreement, at the time of the mid-term review, which the minister revealed will be later this year."

He added: "A frank and forthright discussion of issues raised by the delegation took place, with the minister firmly stating that the financial model by which the £1.766 billion was to be distributed and which disadvantaged smaller contractors was proposed by PSNC."

Mr Kent continued: "The minister further stated that the DoH would be receptive to variations within the £1.766bn,

which ensured the future of smaller pharmacies." The minister added that it was not the intention of the DoH to disadvantage any pharmacy and that PCTs had been provided with sufficient funds to offer LPS contracts to all affected pharmacies, said Mr Kent.

Contractors Harry Gitter of Macey Chemist and Manoj Patel of Sandylight Pharmacy were also present at the meeting along with Glenda Jackson, MP for Hampstead and Highgate, and Peter Dunlevy, DoH community pharmacy policy manager.

Violence pilot

Pharmacy contractors are to be included in a new four-centre pilot reporting incidents of violence against NHS staff.

The pilots will run between April 4 and May 27 in Hillingdon, Central Liverpool, South and East Dorset and North Kirklees PCTs and will also involve GP practices.

PSNC is advising participating contractors to report all incidents so that pharmacy violence can be accurately assessed. If the pilot is successful, it could roll out to include reporting by all contractors.

Dr Cynthia Ludford, the new primary care manager of the NHS Security Management Service, is co-ordinating the pilot.

Script refunds

Community pharmacists will process prescription charge refunds from April 1 when the Post Office's contract for issuing refunds ends, PSNC has announced.

The DoH is adding £200,000 to the global sum to fund the scheme. Refunds will be distributed in proportion to prescription volume rather than a specific fee per refund, PSNC says. But, if volumes are greater than expected, funding may be reviewed, PSNC adds. Guidance on completing FP57 refund forms will be available.

PSNC levies

Kensington, Chelsea & Westminster LPC is to pay PSNC levies on behalf of its contractors for the next three months, LPC secretary Rekha Shah has announced.

The LPC, which has absorbed PSNC levy increases since 2002, says that through prudent financial housekeeping it has £25,000 to pay three months' worth of levies for its contractors. After this period, the LPC will continue to collect levies but only at the 2002 level.

CCA 'concerns'

The CCA board has expressed "grave concern" that the DoH is contemplating allowing GPs to nominate pharmacies when issuing electronic prescriptions.

"This confounded all principles of freedom and choice and was a retrograde step compared to current practice," the board said in a statement this week.

The CCA felt it essential that stringent measures were instigated to avoid direction of prescriptions and to ensure transparency, the statement added.



Pharmacy regulation under Government scrutiny

by Asha Fowells

The Government is to review the way regulators revalidate and ensure health professionals are fit to practise, including pharmacists.

The work will run alongside the review of doctor revalidation and the General Medical Council's role that started last month (*C&D*, February 5, p8).

In addition to pharmacists, the new review will cover dentists, nursing and midwifery, opticians, osteopaths, chiropractors and the 13 professions covered by the Health Professions Council. It will also consider the implications for other healthcare staff.

Launching the review this week, health minister Lord Warner said the work would complement the GMC review and assure patient safety: "It will enable us to put in place comprehensive and consistent measures to ensure all professionals treating patients remain fit to practise."

Department of Health workforce director Andrew Foster described the review as "open-

minded", saying it would "straighten the system out and ensure consistency". The GMC review was being conducted in response to the Shipman Inquiry's fifth report that said it was not robust enough, and it would have been inappropriate to wait for it to be completed before looking at other professions, Mr Foster said.

An advisory group, including experts from professional regulators under scrutiny and the

NHS, and a reference group, including professional organisations, education and training bodies and consumer groups, will contribute to the work.

The two reviews are likely to be completed by the end of the year and the findings will inform the DoH's plans to improve patient protection.

An RPSGB spokesman said the Society was unable to comment as *C&D* went to press.

Terms of reference

The terms of reference for the review are:

- Checking the procedures for ensuring the performance and conduct of health professionals and staff are fair, and do not compromise patient safety or effective functioning of services.
- Ensuring the effectiveness of CPD and appraisal systems, and working towards regular revalidation where appropriate.
- Considering how professionals

and staff working in new roles should be regulated.

- Ascertaining whether there is a need to regulate healthcare support workers, and how this could be achieved.
- Considering whether changes are needed to the role, structure, functions and number of regulators for healthcare professionals, including the role of the Council for Healthcare Regulatory Excellence.

Newsdesk

01732 377682



NHS makes up bulk of independents' turnover

NHS activity accounts for a greater share of turnover in independent pharmacies compared to multiples, the joint DoH and PSNC 2003 cost inquiry has revealed.

Released to *C&D* under the *Freedom of Information Act*, the report shows that, despite giving the same space to NHS activity – on average 35 per cent of total space – only 37 per cent of independents had NHS turnover accounting for less than 80 per cent of all turnover, compared

to 49 per cent of multiples/health centres.

However, they operated with higher overheads (excluding staff costs) than multiples/health centres, reporting costs of £17,000, compared to £14,000.

The inquiry, used to inform the new contract's financing, also revealed that independent pharmacies pay more for their pharmacists and managers but less for their locums and dispensers than multiples. Independents, on average, paid

£19.71 an hour to employ a pharmacist, £1.41 more than the multiples/health centres. For managers, the average hourly rate in independents in 2003 was £20.36 versus £19.81 in the multiple/health centre sector.

Locums cost multiples/health centres, on average £19.84 per hour in 2003, almost £1 more than the rate in the independent sector, while for dispensers the hourly independent rate in 2003 was £6.62, compared with £6.74 in multiples/health centres. **AC**

CONTRACTS

PSNC outlines opening hours position

Contractors have until July 1 to notify PCTs of their opening hours, PSNC has said.

This should include total opening hours and the days and times at which they are open, including minimum 'core' hours (normally 40 a week) and any supplementary hours.

In new advice issued this week, PSNC has agreed with the DoH that contractors should not make any changes or reductions in opening hours or times for 90

days after notifying the PCT.

It also agreed that pharmacies wishing to continue to open for less than 40 hours a week should apply to the PCT, which has 60 days in which to make its decision.

Pharmacies can similarly apply to change their core hours.

The advice also documents how PCTs may fill unmet needs. This includes:

- Seeking voluntary increases/changes in

contractors' hours, in consultation with the LPC.

- Paying contractors an agreed amount to open additional hours, in consultation with the LPC.

- Directing the provision of additional hours, in return for a reasonable payment and giving contractors a right of appeal.

- Considering gaps when assessing the adequacy of services in relation to new applicants. **AC**

For more information:

www.psnc.org.uk

MEDICINES

Branded generics distort market

Applying a brand name to a generic medicine is wrong and distorts the market, PSNC has warned. It has told the DoH that standard branded generics should be removed from the PPRS and transferred to the new arrangements for reimbursement of generic medicines.

Branded generics could then be dispensed against any prescription for the generic, and a prescription for the branded generic fulfilled by dispensing any generic or the brand originator. The branded generic would no longer be considered different from other generic versions of the same medicine.

This would be compatible with new contract funding arrangements which aim to promote price competition, says PSNC in response to the DoH's proposals for reimbursement of standard branded generic medicines.

Prices charged to pharmacies for branded generics are higher than those for true generics but reimbursement prices are lower.

PSNC says that, if its proposals were not accepted, there would have to be a way to adjust for those pharmacies whose profit earning was distorted by local prescribing of branded generics. **Adem**

Barcodes are 'weak link' in product security

Product authentication at the point of dispensing is possible but the full security benefits will not be realised until barcode technology is improved, a trial has concluded.

The trial, run in 44 English and Welsh pharmacies over three months, scanned more than 180,000 products, of which about 20,000 were tagged with either a barcode or a unique radio-frequency identification (RFID).

It concluded that tags and printed barcodes can be mass-deployed as an anti-fraud measure, and adds, on average, only one second to the dispensing process. The technology can also be used as a dispensing check as well as a conduit for important medicine safety alerts.

However, Aegate, which conducted the trial with six pharmaceutical companies including Merck Generics and

Schering Health Care, admits that the future success of the technology is dependent on addressing the shortfalls in the current EAN barcoding system.

In the trial, 10-15 per cent of items were found to have no EAN code and of those that did, 29 per cent of products were found to have an unknown EAN.

According to Alison Williams, Aegate director of marketing and communications, scan rates varied between 5 and 99 per cent, mostly attributable to where the scanner was placed in the dispensary. Only 38 per cent of triallists had placed their scanner in the ideal location – next to the PMR or label printer.

According to Aegate, pharmaceutical security studies reveal that medicine fraud could cost the global pharmaceutical industry around \$68 billion by 2009, with losses primarily due to

the illegal reimportation or relabelling of HIV drugs, growth hormones and Viagra.

And, while the problem of counterfeit medicines entering the UK is small, there is potential for it to become a growing problem, Ms Williams said. "Continued EU expansion may bring the UK closer to countries with known counterfeit problems."

Pharmacists reported that the system was useful as an extra check on dispensing accuracy.

Commenting on the use of barcodes, Martin Jones from Positive Solutions said: "With the advent of the new pharmacy contract, pharmacists will be spending increasing amounts of time away from the dispensary bench and without the correct technology in place, there is a concern that dispensing standards could suffer." **AC**

Correction

Last week (*C&D*, March 12, p10), RPSGB Council candidate Valerie Turner was called Valerie Taylor inadvertently. We also described Bob Gartside as pharmacy superintendent of Rowlands Pharmacy (p40). We would like to make clear that he is a community pharmacy locum.

Questiontime

This week's question:

How ready are you for next month's new pharmacy contract?

- Will offer essential and advanced services immediately
- Will offer both by the October transition deadline
- Will offer essential services only this year

You have until noon on March 22 to vote at www.dotpharmacy.com. We will publish the results in *C&D* on March 26.

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GSK defiant in spite of Scots' wrath

GSK Pharmaceuticals has been strongly criticised in Scotland over its controversial new discount scheme.

The Scottish Pharmaceutical General Council has demanded that GSK reconsider its position regarding the forthcoming changes to its discount terms.

From April 1, GSK still intends to remove discounts from around 100 lines without competition in return for reducing the list price of a further 25 lines and implementing a raft of changes to its +Plus programme of medicines support services (*C&D*, February 19, p6).

GSK believes the changes support an increased focus on community pharmacy patient care, while being profit neutral for pharmacists across the UK, including Scotland (*see also letters*, p17). It understands that the DoH will not apply clawback on GSK products that will be available without discount from April 1 in England and Wales. Details of how this will work are expected shortly.

However, after learning that GSK had provided the Scottish Executive Health Department with details of the scheme "in

order that they can be taken account of in the existing mechanisms", SPGC chairman Frank Owens said that pharmacists' representatives left the table feeling "utterly unimpressed and unanimous in their criticism of the decision". He said: "At best it demonstrates insensitivity to the needs of community pharmacy. At worst, it shows an unacceptable arrogance on the part of GSK. Further, it reveals a complete ignorance of what we are seeking to deliver by way of the new pharmacy contract."

The Scottish Pharmaceutical Federation said GSK's move was a display of "breath-taking arrogance". James Semple, SPF chairman, said GSK's continued policy of setting dangerous precedents in the relationship between purchasers and suppliers was worrying. "The community pharmacy network is supported by a complex combination of profit on purchasing and professional fees – a system which very effectively keeps down the cost of medicines to the NHS."

"GSK's unilateral decision to exempt themselves from this system comes at the worst

possible time – when we in Scotland are trying to focus our full attention on delivering the new contract."

GSK's decision comes just months after the SPGC and the SEHD have completed a full-scale discount inquiry. "The only way this money will not be clawed back is if there is another discount inquiry. How can there be any retained purchase profit to be had if there is no discount?" he asked.

Stuart Johnstone, chairman of the Company Chemists' Association Scottish Management, said: "It is clear

from the design of these initiatives that GSK neither understands how the funding for community pharmacy works in Scotland nor the pharmacy service development agenda. CCA is disappointed that a company of GSK's stature appears to be so out of touch with its pharmacy customers' needs."

In a letter to *C&D* (*see p17*) Douglas Davidson, the chairman of the Association of Independent Multiples in Scotland, describes GSK's move as "cavalier" and says it will leave Scottish contractors on average £5,000 worse off.

AC

New SPGC vice-chairman

SPGC appointed Paul Nightingale as its vice-chairman last Thursday following the resignation of Alex MacKinnon, who becomes SPGC head of professional service development, communication and external relations.

Mr Nightingale, pictured, is currently Scottish operations manager for the Co-operative Group Pharmacy.



WALES

'Vision' paper launched

A vision document outlining how the NHS in Wales could look in 2015 has been published by the Welsh NHS Confederation.

A Picture of Health describes a "free at the point of delivery" health system that improves health as well as treating illnesses, reduces inequalities and poverty, has better access to services, has effective technology and communication links.

In 10 years' time all health professionals, including pharmacists, will work in multidisciplinary teams to ensure their particular areas of expertise are fully used and have access to electronic patient records, the paper says.

Welsh pharmacy organisations collaborated to produce a document outlining the future of pharmacy that fed into the final paper (*C&D*, December 4, p6). **AF**

For more information:

www.welshnhsconfed.org



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DoH launches NSF for long-term conditions

by Asha Fowells

Patients with chronic neurological conditions should get faster diagnosis and treatment under a new framework launched by the DoH last week.

The National Service Framework for Long-Term Conditions outlines a structured and systematic approach to developing services for patients with conditions such as epilepsy, multiple sclerosis and Parkinson's disease. There are 11 quality requirements contained in the NSF covering prompt patient and carer access to appropriate services and support, and enabling patients to make informed decisions about their care.

The document builds on last

year's *NHS Improvement Plan*, and is backed by an implementation strategy plan. In addition, a Modernisation Agency programme set up to support delivery of the NSF will publish experience gained in pilot projects later this month.

Welcoming the paper, RPSGB practice and quality improvement director David Preece said the standards set out required "a substantial shift" in patient care. "Pharmacists have a key role in supporting patients with long-term neurological conditions," he said.

Patient organisations were more cautious, highlighting issues that needed addressing to ensure the recommendations were fulfilled. The Joint Epilepsy Council of the UK and Ireland drew attention to

the lack of funding and specialised staff in neurology, calling for the Government to make central funding available.

King's Fund chief executive Niall Dickson described increasing clinical capacity and building staff skills as "crucial" for effective implementation, adding: "Another area of challenge will be to improve integration between the many different provider organisations."

Multiple Sclerosis chief executive Christine Jones warned that "considerable and sustained effort will be required to turn these recommendations into reality".

For more information:

www.dh.gov.uk/PolicyAndGuidance/fs/en



PRACTICE

PCT pilots central purchasing

District nurses will be able to order dressing stocks from NHS Logistics, rather than writing prescriptions, under a pilot scheme by East Elmbridge and Mid Surrey Primary Care Trust (EEMS PCT).

The scheme, which will be introduced in Tattenham within the next few weeks, will involve approximately 10 district nurses. They will only be able to order dressings from the PCT wound management 'formulary' and will still need to write prescriptions for 'non formulary' dressings, if there is a clinical need.

The pilot will run for around three months, when it will be evaluated by the PCT before possible rollout to other areas.

Vanessa Lane, EEMS PCT chief pharmacist, said: "Improving patient care and using public money in the most efficient way possible are the top priorities for this PCT.

"We are introducing this project in a bid to provide a faster and more convenient service to patients."

She also added that a further aim of the scheme is to improve conformity in prescribing in the area.

Essential Information

Product Name: Zocor Heart-Pro® 10mg tablets. **Presentation:** Peach-coloured, oval-shaped tablets containing simvastatin 10mg. **Indications:** To reduce the risk of a first major coronary event (non-fatal myocardial infarction and coronary heart disease (CHD) deaths) in individuals who are likely to be at moderate risk (approximately 10-15% 10 year risk of a first major event) of CHD. **Dosage & Administration:** Take one 10mg tablet daily at night. Not recommended for paediatric use.

Contraindications:

Hypersensitivity to simvastatin or any of the excipients; previous history of muscular toxicity with a statin or fibrate; individuals already taking prescription cholesterol lowering drugs; concomitant administration of potent CYP3A4 inhibitors (e.g. itraconazole, ketoconazole, HIV protease inhibitors, erythromycin, clarithromycin, telithromycin and nefazodone); active liver disease or unexplained persistent elevations of serum transaminases; pregnancy and breast-feeding; women of childbearing potential.

Precautions:

Zocor Heart-Pro® is not intended for individuals who are known to have: existing coronary heart disease, diabetes, history of stroke or peripheral vascular disease, familial hypercholesterolaemia. Individuals with hypertension should consult their doctor before undertaking treatment. Individuals with a fasting LDL-cholesterol level of 5.5 mmol/l or greater should consult their doctor. All individuals must be advised of the risk of myopathy and told to stop taking Zocor Heart-Pro® if they experience unexplained generalised muscle pain, tenderness or weakness. People aged >70 years or with hypothyroidism, renal impairment, personal or family history of hereditary muscle disorders should not take Zocor Heart-Pro® except on medical advice. Product should be used with caution and under medical supervision in people who consume substantial quantities of alcohol and/or have a history of liver disease. If treatment with itraconazole, ketoconazole, erythromycin, telithromycin or clarithromycin is unavoidable, therapy with Zocor Heart-Pro® should be suspended during the course of treatment. Concomitant use with other less potent inhibitors of CYP3A4, e.g. ciclosporin. Individuals with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. **Side Effects:** Most commonly reported side effects were: abdominal pain, constipation, flatulence, asthenia, headache. The following side effects have also been reported: anaemia, paraesthesia, dizziness, peripheral neuropathy, dyspepsia, diarrhoea, nausea, vomiting, pancreatitis, hepatitis/jaundice, rash, pruritus, alopecia, myopathy, rhabdomyolysis, muscle cramps, myalgia. Apparent hypersensitivity syndrome has been reported rarely. Increases in serum transaminases, alkaline phosphatase and serum CK levels. **Legal Category:** P. PL Number: PL 13249/0039. **PL Holder:** McNeil Limited, Saunderton, High Wycombe, Buckinghamshire, HP14 4HJ. **Packaging Quantities:** 28 tablets. **Price:** £12.99 (RRP). **Date of Preparation:** December 2004.

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Simvastatin

Tories back STD screening

Chlamydia testing by pharmacists will be given the go-ahead under the Tories, Andrew Lansley, the shadow health secretary, announced as the Conservatives raised sexually transmitted diseases to the centre of the election stage.

Mr Lansley said he had seen the pilot scheme for chlamydia testing on the Wirral and was impressed by the results. "I was in the Wirral recently looking at the chlamydia testing pilot scheme. It is of course key to make that screening accessible out in the community, not just through NHS institutions.

"Women who go to see their GP will get access to screening there but the evidence shows

that chlamydia testing through the pharmacy is much more likely to encourage men to take the tests which is essential in trying to stop sexually transmitted infections."

Tory leader Michael Howard said his party had made sexually transmitted diseases the subject for one of their pre-campaign press conferences because the subject had to be brought out into the open.

He said the rise in STDs could not be "swept under the carpet".

Mr Howard said that his party would use television advertising to warn young people about the spread of sexually transmitted diseases.

CB

Screen under 16s for chlamydia, says NPA

Excluding people aged below 16 years from community pharmacy chlamydia screening pilots (*C&D, February 12, p8*) is a missed opportunity, the NPA has said.

Young people tend to avoid traditional sexual health services, but are likely to access community pharmacies, as proved by the success of EHC services, said NPA chief executive John D'Arcy.

Excluding this patient group may reduce access, which is one of pharmacy's main strengths, he explained.

Mr D'Arcy added that though

he welcomed the opportunity for pharmacy to be involved in chlamydia screening, he was concerned about how the tendering process was being run.

By leaning towards a national provider, independent pharmacies could be disadvantaged and patient access reduced, he warned.

Expressions of interest for providing chlamydia screening services through pharmacies on a two-year 'pathfinder' basis had to be lodged with the DoH by February 24.

PCTs struggling with new roles

Some primary care trusts are not coping well with decentralisation, representatives from the All-Party Parliamentary Group on Primary Care and Public Health were told at a policy-making discussion forum.

Experts in primary care and public health said that PCTs should now be considered a fundamental part of the NHS. Anna Dixon, lecturer in European policy at the London School of Economics said: "PCTs are the NHS, as they are the ones who actually fund NHS patients. I would urge parties to look at their governance, to empower PCTs to decide what can realistically be delivered. When claims are made on their behalf then that's when tension results."

However, to achieve this new focus on PCTs, the NHS would have to do a complete policy rethink.

Dr Julian Neal, a former member of the BMA's General Practitioners' Committee member and now a senior GP partner said: "The truth is that the NHS has



never been primary care-led. Government has to give primary care organisations some clout; it has to give them the means to exert their powers as commissioners."

Some of the blame for PCTs' impotence has to lie with the endless restructurings of the NHS, said David Pruce, director of practice at the Royal Pharmaceutical Society. "PCTs must be allowed to mature. Each time they get to 'teenager' status, they get their legs cut off." **AC**

LEGAL

Autumn hearing for fraud case

The Serious Fraud Office is likely to bring its criminal investigation into alleged cartels operating in the generics industry to court in September and October, a high court judge has revealed.

Mr Justice Lewison, who presided over a recent hearing in the civil case being brought by the secretary of state for health against seven defendants from the generics industry, also revealed that the civil case is unlikely to take place until after these

criminal proceedings have concluded.

He said: "Many of the defendants find themselves with no co-operation in advancing positive defences because of the shadow of an SFO prosecution."

In the recent civil hearing, which related only to a procedural ruling, Mr Justice Lewison also revealed that the civil case already involves between six and 10 million documents. He set the next date for the civil case to be progressed at October 15.



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Our question to pharmacists this week was:

Which topic will motivate you most to vote in the RPSGB Council elections this year?

"Professional issues because of the new contract and CPD"

Anjali Patel, Surrey

"Regulation as its making quite an impact with the new contract coming through. I would like to see what support we will get from the Society, if any"

Stuart Walker, Peterlee

Comment from the Editor

The new NHS contract legislation includes – at last – regulations dealing with pharmacists' fitness to practise. Pharmacists' past form – including time spent detained at Her Majesty's pleasure – will now be taken into account when considering a pharmacy application. PCTs will be authorised to refuse or suspend a contract should the contractor (including any on the board of directors of a company) be a convicted criminal with a six-month custodial sentence.

What is interesting is that the right to suspend or refuse could be due to something that hasn't actually impacted on the provision of pharmaceutical care or necessarily impacted on patient safety. This is significant in light of Harold Shipman's mass murders. As a GP he was well respected; in the end it was his forgery of a will, and not his bedside manner, that caught him out.

The implication is that the NHS is on the route to enforcing the old fashioned value that as a pharmacist or doctor or dentist, you are a professional at all times, even in private life.

Nanny state or just plain sense? So what about the independent review announced this week to look at revalidation methods employed across the health professions? The review of doctors was prompted by the Shipman Inquiry's fifth report. But it would be unfair to review GPs without looking at other self-regulating health professionals, says the Government.

Pharmacists have just started mandatory continuing professional development – a form of revalidation. The review is expected to report back before the end of the year. Should it find that what pharmacists are doing is insufficient or inappropriate, will the Government want to step up the pressure and take away the *raison d'être* of our newly constituted Council?

As a pharmacist, you are a professional at all times, even in private life

Theirviews

E-mail your views to [chemdrug @ cmpinformation.com](mailto:chemdrug@cmpinformation.com)

Ann Abraham says the NHS should reform its complaints procedure

Making it better for patients

As Health Service Ombudsman I see hundreds of complaints which have already been dealt with by the NHS, giving my office a unique overview of the complaints handling process.

It is clear many complainants face severe problems in getting a satisfactory response from healthcare providers. Also, the situation remains static as the NHS is not using the valuable information contained in complaints to improve processes.

Our report highlights some of the current problems such as the fragmentation of complaints systems – within the NHS, between the NHS and private healthcare, and between health

and social care. This – combined with a failure to focus on patients' needs, poor leadership and lack of capacity and competence in complaint handling – makes it difficult for patients to have things put right.

The time is right to consider how we can develop a truly patient-focused complaints system. The DoH's decision to issue revised regulations on complaint handling in 2005, after the Shipman Inquiry, gives us an opportunity to focus on how we can achieve this.

Health services that are truly responsive to patients will only come about if all health service leaders value feedback from

patients – including complaints.

The DoH needs to create a core standard for complaints services handling which meets patients' needs and by investing in trained staff who can treat complaints positively and learn from them. The current system focuses on process rather than outcomes and on meeting deadlines rather than delivering a quality service.

The ultimate goal must be to create a modern, responsive, patient-focused complaints handling system.

Making things better? A report on reform of the NHS complaints procedure in England is available on the OPHSO website: www.ombudsman.org.uk.

Our online poll at www.dotpharmacy.com said...



GSK pricing policy will hit Scottish contractors

May we as Scottish contractors with 22 pharmacies draw attention to the cavalier way in which Glaxo's new pricing policy has not taken into account the differences between Scotland and the rest of the country over the new Scottish contract. It will leave Scottish contractors on average £5,000 worse off per pharmacy.

What does the Competition Commission think of a situation where discount is given where competition already exists and no discount where no competition exists (eg Glaxo has a patent with a few years to go).

Much play has been made by Glaxo of the benefits it is giving to the NHS with medicine support services (could this be in areas where Glaxo has a business interest?). Would it not be better to give best prices to the NHS and let them decide how to spend it?

Douglas Davidson
Davidsons Chemists, Blairgowrie

GSK's response:

GSK Pharmaceuticals has recently announced a significant increase in its investment in community pharmacy, and has offered every pharmacy in the UK the opportunity to take part in a +Plus medicines support service programme.

The changes to the +Plus scheme have been carefully designed to support an increased focus on community pharmacy patient care, while being profit neutral for pharmacists across the UK, including Scotland.

GSK has briefed and provided both the SEHD and the SPGC with the full details of our increased investment in +Plus medicines support services, discount changes and price reductions.

We understand that in England and Wales the Department of Health has confirmed that it will not apply clawback on GSK products available without discount from April 1, 2005. Details of how this arrangement will work are expected to be made public in the near future.

TOPICAL REFLECTIONS

Dispensable robots, but not for long



As a *Dr Who* fan I'm particularly looking forward to seeing the new series with daleks that have finally overcome their main design fault by developing the ability to go up stairs. A period between invention and true effectiveness seems common to most technology: mobile phones were not truly mobile for a number of years and personal computers were not particularly useful to Mr Average until quite recently.

I suspect that dispensing robots will go through a similar process, eventually becoming an integral part of every dispensary. But there are a number of hitches to be ironed out first (*C&D*, March 12, p32). The robot will only be as accurate as the person loading it, and as effective as the software it interacts with. Labels still need to be stuck on by hand and when the machine breaks down all work ceases while a human does the fixing.

But this process must be worked through and I'm grateful to the brave few who are doing it for me. If I haven't already retired, I'm looking forward to working with self loading, self fixing, label sticking, bar code recognising, dispensing robots.

Robots will link in well with other technological changes over the next few years, particularly ETP and the increasing use of bar code recognition. I suspect that with the huge investment and space requirements of an in-dispensary system, a 'hub and spoke' model is the more likely way to go. One machine could supply a number of branches of a multiple, or wholesalers could supply independents directly. I'm sure someone has already

considered that electronic prescriptions could be sent direct to the wholesaler to be made up, with pharmacies acting simply as a point for collection of dispensed medicines along with the corresponding advice. The infrastructure is already there, with highly automated picking systems at wholesalers and twice daily deliveries to pharmacies. And there are costs to be saved and pharmacists' time to be freed up. It only needs a few practical and legal tweaks to make it happen. If only I had a Tardis I could report on how well it will work.

Big pharma should walk its talk on safety

The pharmaceutical industry has been trying to control distribution of its products in an attempt to hinder parallel trade and ensure product quality. Initiatives such as Pfizer's allocation of stock to wholesalers have caused disquiet but their intent has been clear.

GlaxoSmithKline seems to have blown apart the manufacturers' own argument as a story in *The Guardian* reported that the US authorities had seized all stock of two of its drugs because they had

been poorly made by the company itself. Supplies of Paxil and Avandamet in the US are likely to be disrupted for some time.

The Puerto Rico manufacturing plant does not supply directly to the UK so we shouldn't see any of the problem medicines here. But it still could be parallel imported from elsewhere in the EU. So parallel trade could be blamed as the source of sub-standard medicines in some parts of the EU but everyone knows that, in this case, it isn't the cause.

Registering a CD gripe

I'm hoping that, following the review of Controlled Drug procedures after the Shipman Inquiry, the NPA will redesign the CD register. While not particularly high on my list of professional gripes, my inability to write legibly on the far right of the left hand pages of the register always bothers me.

The section that refers to the drug form always tails off a little as I cannot lay my hand flat because of the large ring bindings. Considering all the effort involved in recording CDs it seems silly that all the entries are not clear. Perhaps the NPA could come up with a more ergonomic design.

Post Immunisation Pyrexia

Childhood immunisations can be a cause of concern for parents, particularly in the event of any side effects after the injection. However, with the availability of OTC medicines suitable for treating post immunisation side effects, pharmacists are ideally placed to offer advice and reassurance to parents.

Following immunisation, children may experience redness, local swelling and pain at the site of injection, accompanied by a pyrexia (a high temperature over 37.5°C), malaise and headache. While these are perfectly normal responses to an immunisation, it can be beneficial to treat these symptoms to help the child feel more comfortable and to help relieve parents' concerns.

Recommending a paediatric analgesic such as ibuprofen can be an effective way of helping to relieve the side-effects of immunisation¹. Ibuprofen works in two ways with an anti-pyretic effect for fever reduction and analgesic effects to help to ease any pain of the injection. Ibuprofen is well tolerated and is more effective than paracetamol at reducing temperatures over 39.2°C ². Paediatric ibuprofen suspension can also be used for treating post immunisation pyrexia from two months when recommended by a GP. It has a quick onset of action – within 15 minutes – and its fever reducing effects last up to eight hours.

Enid Povey, Nurse Practitioner, Lancashire and a member of **The Pain Initiative**.

The Pain Initiative is supported by an educational grant from Nurofen™

References:
1. Diaz-Domingo J, Planelles MV, Baldo M, et al. Ibuprofen prophylaxis for adverse reactions to Diphtheria-tetanus-pertussis vaccination: a randomised trial. *BMJ Ther Res Exp Clin* 1998;59:579-88.
2. Russell, E. Treating fever in children: paracetamol or ibuprofen? *Br J Community Nurs*, 2002; 7: 316-320.



Skill mix review told to focus on accountability

by Adrienne de Mont

Pharmacy organisations have told the DoH's skill mix review that professional accountability should be the focus of policy-making rather than personal control. Strict protocols should support any delegation to competent staff, and GSL medicines should be available in the absence of a pharmacist.

The RPSGB proposes that legislation should require each pharmacy to have an accountable pharmacist, responsible for providing medicines and other professional pharmacy services. As long as adequate safeguards were in place – such as SOPs and appropriately trained staff – a pharmacist need not be physically present in a pharmacy at all times.

Clear protocols would define when a pharmacist should have personal involvement and staff should be competent to carry out certain tasks under SOPs.

The professionally accountable pharmacist should only be absent for a short time and should be contactable and able to return without undue delay. If not, another pharmacist should assume accountability. There should be an audit trail of the pharmacist's absence and reasons why, to which the Society's inspectors would have access.

Restrictions on the professionally accountable pharmacist's absence would need to be defined in a code of practice supported by a statutory framework.

PSNC agreed that an identifiable pharmacist should be personally accountable for all medicine supplies from a pharmacy. It would not be essential for the pharmacist to be aware of each supply; certain transactions could be delegated to suitably trained staff working within SOPs. Delegation would be a matter of choice for the pharmacist, who must be able to justify his decisions.

PSNC believed it is essential to maintain the benefit of pharmacist accessibility. "We believe there may be merit in requiring a pharmacist to be on the premises during the contracted hours while allowing, subject to limitations, greater



freedom during voluntary hours."

When absent, pharmacists should be able to give advice on the phone and return to the pharmacy "with reasonable promptness". A notice in the pharmacy should tell customers that no pharmacist was present.

CCA head of operations Neil Slater, too, believed that by using SOPs to delegate certain activities to competent, named staff, the pharmacist is exercising professional accountability "whether or not he or she is in a position to intervene in any transaction".

The pharmacist should be in the location that allows the greatest impact, says the CCA. If this means providing services away from the pharmacy, absence should be allowed. But SOPs should ensure the pharmacist is kept fully aware of issues requiring his or her attention.

A pharmacist should assess prescriptions before dispensing, but the pharmacist in charge should have the freedom to define exceptional circumstances when prior assessment is unnecessary. Similarly the pharmacist in charge should determine, under SOPs, the conditions under which P medicines could be sold.

The NPA and the Guild of Healthcare Pharmacists jointly called for a cautious approach. Both agreed that absences from the premises and prescriptions dispensed without pharmacist checks should be limited until the impact on patient safety and quality of services is established.

The NPA supported dispensing of batch issues of repeatable

prescriptions without the pharmacist needing to see the prescription, providing a suitably qualified technician dispensed it under robust protocols. The NPA suggested this model as a first step before considering whether other prescriptions could be dispensed without a pharmacist seeing them.

The GHP agreed that, for the core dispensing service, a pharmacist should clinically check a new prescription but a suitably trained technician could carry out the accuracy check. For unchanged repeats, prescriptions could be dispensed without a pharmacist provided the patient has had no problems with the medication, an accredited technician carries out the final accuracy check and the prescription is dispensed by another member of staff.

On personal control, the NPA believed one pharmacist per pharmacy should be responsible for the everyday running of the pharmacy including dispensing and sale of P medicines. This supervising or duty pharmacist should, ideally, be on the premises for most of the time the pharmacy is open but could leave for short periods provided he or she could supervise remotely.

There is also a need for a pharmacist to be in personal control of a pharmacy, ensuring that proper procedures are in place to ensure high standards of practice. This pharmacist could be in control of more than one pharmacy and would not need to be on the premises.

The Association of Pharmacy Technicians believed technicians should be able to sell GSL medicines in the absence of a pharmacist, and that robust protocols should permit sale of P medicines without a pharmacist. Robust protocols should also enable pharmacy technicians to oversee further supply of POMs on a repeat prescription, if a pharmacist had already screened its safety and appropriateness.

APTUK would not want pharmacy technicians to undertake general clinical assessment of prescriptions for safety and suitability, although strict procedures might be authorised in limited areas.

NPA
VIEW**Contract countdown:
ready, steady ... go**

NPA chief executive John D'Arcy urges pharmacists to make sure they are prepared for the new contract on April 1

With little more than a fortnight to go to April 1, time is running out on the introduction of the new contract.

Over time the new contract will transform community pharmacy practice. Building upon ready access to NHS services, it will provide the opportunity to deliver real improvements to patient care through a range of new services – including the promotion of self-care, the management of long-term conditions and initiatives to improve public health.

So just how prepared are you to seize the opportunities that lie ahead? For there is a distinct difference between knowing that April 1 is the initial milestone on the road to implementation of the new contract ... and actually being ready for it.

At this stage, the most crucial element for all pharmacists is to get essential services right. By now you should have assessed your readiness for essential services – and be well advanced to ensure you are fully compliant by April 1 – even though there is a six-month transitional period. And because clinical governance is a key part of essential services, it is crucial that you get to grips with it.

Our new resource, *New Directions – the NPA complete guide to the pharmacy contract*, has been developed to provide as much guidance and support as possible to help you understand the new contract – and to start thinking about the all-important process of implementation. It contains a comprehensive self-assessment toolkit which will enable you to assess how ready your pharmacy is to implement the new contract, identify what needs to be done and monitor progress.

I urge you to use this assessment checklist as a guide to help you plan your own priorities for implementation – and I recommend you also develop an action plan to keep you – and your pharmacy team – fully focused.

Although preparing your



pharmacy for providing essential services is the first step to implementation, you need to be factoring the following key points into your personal action plan:

- Engage with your LPC and PCT to prepare for implementation, and start to prepare staff for the new contract.
- Assess the training and development needs of your staff to enable them to deliver the new contract arrangements.
- Ensure that your pharmacy is properly accredited for implementing advanced services. Think about when you want to start providing them.
- Assess your premises in the light of the new contract requirements – such as consultation areas – and start thinking about future IT requirements.
- Discuss with your staff any necessary changes to pharmacy procedures.
- Start thinking about enhanced services provision and monitor local activity.
- Think about monitoring in advance of October 2005.

The new contract offers a golden opportunity – probably the best the profession will ever have – for all community pharmacists to develop innovative and improved patient services – and to become a crucial NHS player. It is the framework upon which we must build our professional future. But we will only succeed in doing this if we are ready come April 1.



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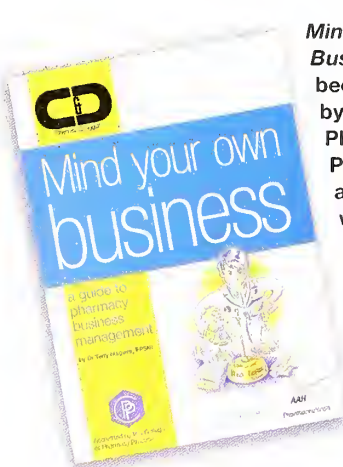
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News & View

Making the lay voice heard

With the election for the new RPSGB Council underway, **Vikki Miller** looks at how the lay members are being selected

The year 2005 looks set to stand out as one of significant change for community pharmacy. Following overwhelming support from pharmacists for the new contract, the profession will take a long-awaited step up to the front line of health provision this April. Pharmacists will have more direct contact with their customers than ever before, but this shift to a more public service-based culture is not just reserved for the high street.

Over in Lambeth, a new Charter at the RPSGB, sealed and brought into force last December, is further evidence of pharmacy's new track. But the reformed Council, which takes up office at the end of May with an additional seven lay members and the loss of four pharmacists, is probably most indicative of change.

But where are these extra lay members going to come from? Who is going to appoint them and, perhaps most crucially, what qualities do they need to sit on the reformed RPSGB Council?

The RPSGB's position as a Royal Chartered body means that it surrenders significant aspects of the control of its internal affairs to the Privy Council (the part of Government that advises on the exercise of prerogative powers and specific functions assigned to the Queen and the Council by an Act of Parliament).

This includes amendments to the Society's Charter and a statutory responsibility to make lay appointments to the Council.

However, as of March 7, this responsibility has been formally delegated to a body called the NHS Appointments Commission (NHSAC) – merely for practical reasons – which will administer and co-ordinate the lay applications, and whose board will cast the final decision on who to appoint.

Advertisements for the lay

Council positions appeared in the regional and national press, including *The Times* and *The Guardian*, and over 300 application forms were issued by the NHSAC.

A panel, consisting of representatives from the NHSAC, the DoH and an independent assessor, established a shortlist and have interviewed candidates throughout February and March. Successful candidates are due to be announced in early April and the chosen 10 will undergo an induction programme provided by the Society, which could include meeting previous Privy Council appointees, before they formally take up their posts in May.

But why appoint lay people to the Council at all? Why not let pharmacists just get on with the task of regulating and representing their industry?

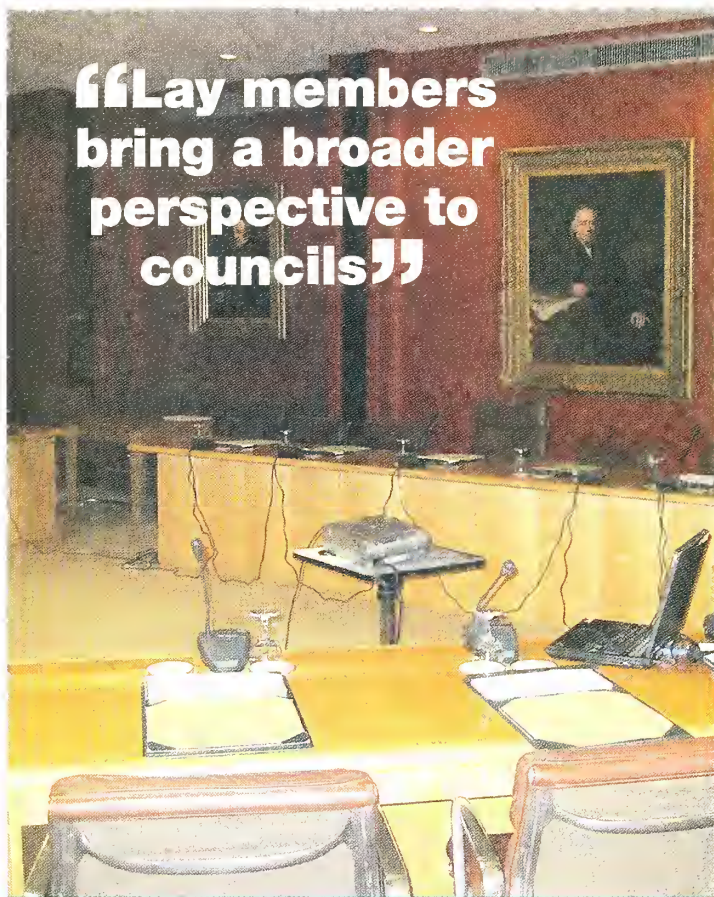
"Lay members bring a broader perspective to Councils and help to combat the appearance of regulators being a 'cosy club'," Professor Julie Stone, deputy director at the Council for Healthcare Regulatory Excellence explains. "Lay members ensure that Council policies and practice are in touch with public feeling."

"The lay representatives can bring a range of skills and experience to the Council which might not normally be found in those who are professional pharmacists," a spokesman for the NHSAC adds.

Competition for the posts is tough. Candidates have to prove that they have a track record of strategic/board level appointments on a national level and that their skills are exactly what the RPSGB Council needs.

There are two sets of requirements: essential and desirable. Essential qualities are quite general and include the "ability to view situations from a patient's and a member of the public's perspective" and a

“Lay members bring a broader perspective to councils”



“demonstrable interest in or experience of health, consumer or related issues”.

Desirable qualities, which include an understanding of the NHS and healthcare professions in the UK, are more specific. Candidates need to show the NHSAC they have specialised expertise, for example in clinical audit, ethics, corporate governance or development of public policy.

There is no statutory maximum age limit for a member of the Council, but appointees are expected to serve a full three-year term. The NHSAC also makes clear that the Government will not normally appoint a person as a lay member of a Council if they have ever been a member of the profession regulated by that Council.

Appointees need to be available for the equivalent of about 25 full days per year, are subject to a code of conduct and are expected to subscribe to the Nolan principles of public life: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

Professor Bob Michell, a former president of the Royal College of Veterinary Surgeons, has been a lay member of the RPSGB Council for three years. He believes that a lay member's role is

to always keep the patient's point of view in mind. He says: “You have to be open-minded, adaptable and experienced in dealing with complex issues, which are often not as they seem at face value. It is your job to take a constructively sceptical view.”

The RPSGB points out that they are expected to contribute to decision-making in the same way that pharmacist members do, but understand that additional information about pharmacy and the Society would have to be provided to inform these decisions.

Professor Michell says the Council members went to great lengths to educate him on a wide range of issues, which ensured he had an extensive background of information.

But it is difficult to know at this point exactly what the lay members' role will be in this new, reformed Council. The details of its ways of working, and the lay members' role, are due to be decided by the new Council members themselves when they meet for the first time in May.

It is then that we will know if the Society has gone far enough in its reforms, and if the additional lay members really will make a difference.

COUNSELLING



“I’m a very active person and a keen golfer but I have recently had surgery on my elbow and it’s slowing me down. Is there anything you can suggest to speed up the healing process of my joint and sooth the aches and pains?”

A joint stress is a hugely common problem throughout the UK and injury, age and disease can all contribute to the deterioration of healthy connective tissues. Joints undergo many trials throughout a lifetime, and we regularly subject our joints to various stresses and strains especially when leading an active lifestyle.

Damage to the joint from a sporting injury can often result in the de-generation of cartilage and thinning of the synovial fluid that would normally cushion the joint, which can result in pain, inflammation and the on-set of osteoarthritis.

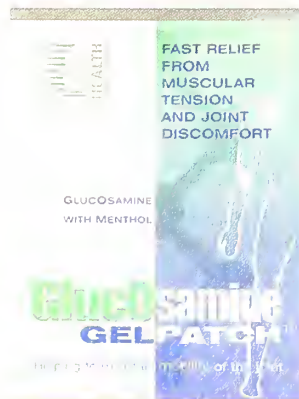
Glucosamine is an amino sugar which is synthesised naturally in the body from glucose and glutamine. It has been described as the “cement of the connective tissues” because joints rely on it to rebuild themselves. Daily wear and tear and recovery from injury can often mean that the body doesn't produce enough glucosamine to sustain all of the joints in the body. The ligaments, tendons, joints and bones literally depend upon glucosamine for repair and regeneration, therefore, supplementing your levels may help to speed up the healing process and prevent further damage.

Glucosamine is the nutrient specific to connective tissue, so it is important for the maintenance of joints tissue. The major function of glucosamine is to stimulate the manufacture of cartilage components called glycoaminoglycans (GAGs) and proteoglycans (PGs). These GAGs form the building blocks of soft tissues and are responsible for the production of cartilage. This is why glucosamine has shown promise as a possible chondroprotective agent in osteoarthritis, and has proved the ideal solution for patients looking for a safe, long term alternative to non steroidal anti-inflammatory drugs like ibuprofen; especially after undergoing surgery to repair a damaged joint.

Health Perception, the glucosamine specialists, combine protection for your joints inside and out. The recommended daily allowance and amount shown to be most effective in clinical trials is 1500mg of glucosamine sulphate. As well as a comprehensive tablet range including a one-a-day 1500mg supplement, we also offer a cooling topical application Gel rub and Gel patch; combining N-Acetyl glucosamine with menthol and horse chestnut extract for localised areas of muscular tension or joint discomfort – perfect for soothing troublesome aches and pains when ever they occur:

Health Perception offer the most comprehensive range of quality glucosamine formulations in the UK, and with a range of tablets, liquids, gel rub and gel patch formulations, effervescent and new Vegetarian alternative there really is something for everyone.

Look out for **Health Perception's** GlucOsamine in a brand new TV advertising campaign, also across PharmaSites throughout April.



Selling a

When it's time to move on, there

This is the last of a series of 10 monthly articles by Anne Hutchings, and sponsored by Nucare, which will be published in book format in the spring.

In an ideal world where pharmacists planned their business affairs in detail and everything went according to plan the pharmacy would be built up over a period of time, presented in the best way and sold at the top of the market.

In reality, accounts are often out of date, book-keeping records poor, tax planning has not been considered etc. In some cases, where the pharmacist has lost interest in the business, the shop may be shabby and the turnover depressed.

There are plenty of pharmacists looking for run down pharmacies so a neglected business will not suffer from a shortage of potential purchasers. The problem for the vendor is that these purchasers will only want to pay a price that reflects the current state of the pharmacy.

Think ahead

Take a day or two away from the shop and plan your future strategy. Make decisions about what you want to do with the business and when you would like to be able to sell it. To carry out this exercise properly you will need to consider all aspects of your life: financial commitments, savings, pensions, family requirements etc. When reviewing your financial circumstances, prepare summaries of your situation now and what you expect it to be after selling the business.

Start grooming the business for eventual sale, ideally allow up to two years for this process. The business should show consistent growth and strong profits each year. You will need an action plan drawn up to help you achieve this result. This plan may include some of the following:

- looking at ways to increase turnover
- improving stock management
- more cost effective purchasing
- reviewing general business expenses
- improving your book-keeping system, if necessary, so that you can produce regular management accounts to help you monitor the effectiveness of your efforts.

The objectives are:

1. To minimise capital gains tax and/or corporation tax on the business sale.
2. To ensure maximum use of all tax allowances. In particular, where appropriate, to fully utilise business asset taper relief for capital gains tax.
3. If business asset taper relief is restricted, to look at other means of reducing tax such as by taking dividends if your business is trading through a company.

The earlier you start planning, the more you will be able to achieve. For example, many pharmacists now trade through limited companies. When you sell the business what are you going to sell? You have a choice: the business assets can be sold, leaving you with the company, or you can sell the shares in the company. The resulting tax liabilities can be very different. You should discuss your particular circumstances with your accountant or tax adviser to determine which is the best option for you.

As a generalisation, it may be better for many pharmacists to sell their company shares because you will only be charged tax once at capital gains tax rates. With an asset sale, the company will pay tax at corporation tax rates on the gain and, if you take the money out of the company, a further tax liability will arise at income tax or capital gains tax rates depending on how the money is extracted.



If you have established that a company sale is best, the next question to ask is whether your company is in a suitable state for sale. Do you want to sell the company as it is or does the company own assets which you may wish to retain, such as the business premises, or another retail outlet?

If you need to extract assets from the company, the sooner you review this the better because you cannot extract assets without tax consequences. Expert advice is therefore essential.

Are you sure that when you sell the company shares you will be entitled to full business asset taper relief? The company must qualify as a trading company. If, in addition to the pharmacy business, the company has substantial investments it may not qualify as a trading company. If the company's non-trading assets are substantial compared with its

total assets this may also disqualify the company.

Timing – if you have some choice in the matter, the actual timing of the sale can make a difference to your tax situation.

George Harris, a sole trader, agreed a date of April 1, 2005 for the sale of his pharmacy. His capital gains tax bill is £100,000.

If George goes ahead and sells on that date his tax bill of £100,000 will be payable on January 31, 2006.

On the other hand, if George had agreed a date after the end of the tax year (April 5), say May 1, 2005, the £100,000 tax would not be payable until January 31, 2007.

By deferring the tax bill for a year the money could be invested and at a rate of say 5.5 per cent would generate annual interest of £5,500.

business

Sponsored by



are a number of steps you can take to smooth the way

One of the conditions for full business asset taper relief is that the asset is held for at least two years. If you transferred your business into a company less than two years ago it may be worth delaying the sale until you meet the two-year condition. See the following example:

Jane Kirk transferred her business into a company on August 1, 2003. She found a buyer for her company shares in February 2005 and the sale was due to complete on July 1, 2005. She has a capital gain of £500,000.

If the sale goes ahead as planned her capital gains tax bill will be:

	£500,000
Less 50% business asset taper relief	250,000

Taxable gain	£250,000
Tax at 40%	£100,000

If she had waited a few more weeks until she had owned the shares for two years, the maximum business asset relief could have been claimed and her tax bill would have been:

	£500,000
Less 75% business asset taper relief	£375,000

Taxable gain	£125,000
Tax at 40%	£50,000

Source: HM Revenue & Customs

Prepare the paperwork

Purchasers will want to see up to date accounts, PPA statements, copies of VAT returns and a copy

of the premises lease if appropriate. Make sure the documentation is available. If you have more than one pharmacy with amalgamated accounts ask your accountant to prepare separate accounts for the pharmacy being sold, if possible going back over the previous three years.

Nobody is going to make a serious offer for the business without this information.

You could try to sell the business yourself but who will you sell it to? Your locum, or perhaps someone who has sent you a mail shot looking for pharmacies in the area? You will have a limited market and will therefore limit the price you achieve.

You will also find yourself in the unfamiliar situation of trying to negotiate a price. If you want to achieve the best price, instruct a broker to sell the business – the price achieved should far outweigh the commission charged. A good broker should:

Value the pharmacy, which will be based on their extensive experience of the current market.

Deal with the negotiations on price.

Be in contact with suitable purchasers and advertise the business as necessary to attract a wider range of buyers. The agent should be trying to secure offers from as many prospective purchasers as possible so as to

secure the best price for you.

Vet the purchasers as far as possible and obtain signed confidentiality agreements.

Support the sale through to a satisfactory conclusion, liaising with the purchaser, their solicitor, accountant and your advisers, saving you a great deal of time and stress.

There are two parts – finding a buyer and completing the sale.

Finding a buyer – there is no simple answer, it will depend on your location, whether the pharmacy is overpriced, the size and potential of the business etc. You may find a buyer in the first week or it could take several months or more.

Sale agreed – once the sale has been agreed the due diligence and legal work needs to be completed. The time scale can depend on how quickly each party's solicitors and accountants deal with issues and whether there are any delays, typically where a new lease is being created. As a guide, allow between two and six months.

Of course some sales do fall through for a variety of reasons.

There is nothing more frustrating than agreeing a sale only to see it fall through some weeks or months later. The usual reasons are one of the following:

1. The seller or purchaser has second thoughts and withdraws.

2. The purchaser has difficulty raising the finance. Careful vetting at the outset should minimise this risk.

3. Something comes to light which could affect the business value. For example, doctors moving away.

4. The solicitors frustrate the sale process with delays in dealing with the paperwork and if one party has a solicitor who is not accustomed to dealing with business sales this can cause a real problem.

6. Renewals of leases can cause long delays because a third party and their solicitors become involved. They will want to negotiate the new lease, take up references from the purchaser etc. All this can considerably delay the completion.

Don't forget to review your inheritance tax position once the business has been sold. The business will have had various inheritance tax exemptions but now that this has been converted to cash, the money will form part of your estate for inheritance tax.

Anne Hutchings, Hutchings & Co specialist accountants and tax consultants for retail pharmacists tel: 01494 722224 www.pharmacyexperts.com



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So if any of your customers are still buying sanitary towels to try and cope with bladder weakness, advise them to change to the product that's designed specifically for their condition.

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* Compared to the leading equivalent size sanitary towel

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TENA Lady PRODUCT RANGE		
Product	Pip code	Box contents
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TENA Lady Mini	277-8215	10 x 20 (200)
TENA Lady Mini Plus	280-6859	10 x 16 (160)
TENA Lady Normal	259-4448	6 x 12 (72)
TENA Lady Extra	259-4455	6 x 10 (60)
TENA Lady Extra Plus	304-1639	8 x 8 (64)

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Can feel wet
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Stays dry – thanks to the unique **Dry Fast Core™** and special top layer
Stays in shape
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ODOUR CONTROL™ prevents unpleasant smells



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Due to the high volume of requests for samples means that it is now necessary to charge a fee of £5.00 per chairlift each year.

TENA is a registered trademark of SCA Hygiene Products UK Limited.



This article can help in the following areas of competence as set out in the RPSGB's CPD manual: **G13, G14, G15.**

In the first of a series of articles on basic bacteriology, *Vanessa Sherwood* looks at the characteristics of bacteria and why they cause disease

Basic bugs



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1332), in association with multiple choice questions being published in *C&D* April 2, provides one hour's continuing education

Objectives

- To revise basic bacterial structure
- To review bacterial classification
- To revise bacterial growth and division
- To understand how bacteria may cause infection
- To be aware of host defence mechanisms

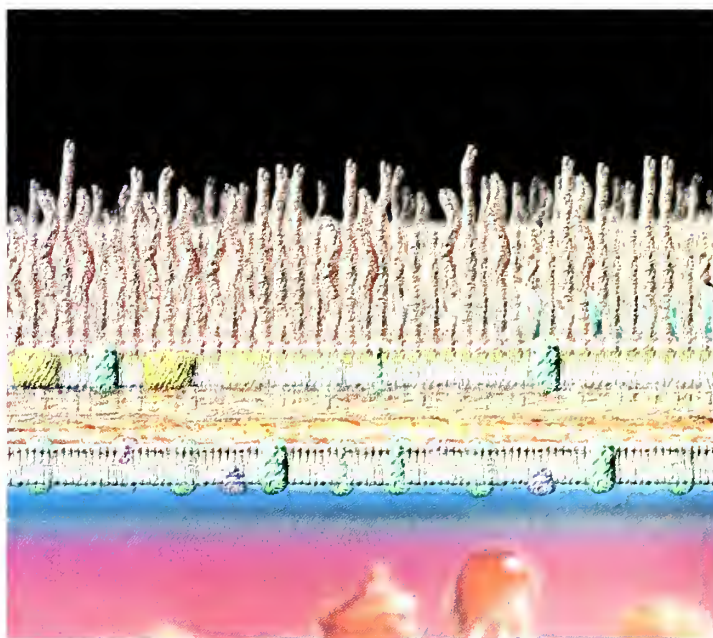
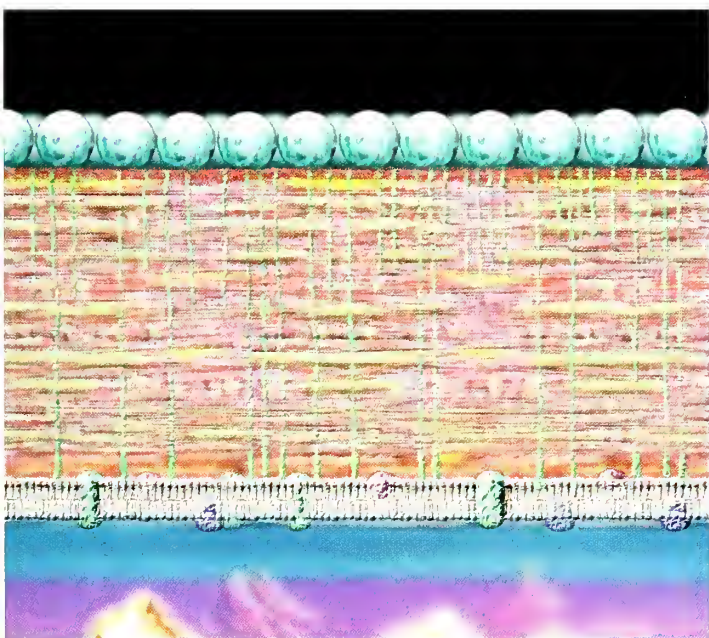


Figure 1. Gram-positive bacterial cell envelopes (left) are relatively simple, featuring (from bottom) a plasma membrane, a thick peptidoglycan layer and sometimes an outer polysaccharide layer (capsule). The more complex Gram-negative bacterial cell envelope (right) has inner and outer membranes, separated by a thin peptidoglycan layer, with long saccharide side chains extending out from the external membrane

When Dutchman Anthony van Leeuwenhoek first suggested the presence of "animalcules" at the end of the 17th century he could not have imagined the importance or impact of micro-organisms on 21st century life. Without micro-organisms there would be no bread, cheese or beer, nor antibiotics or vaccines. Some of the simplest living cells now produce some of the world's most advanced and expensive drugs, thanks to genetic engineering.

Micro-organisms include viruses, bacteria, algae, fungi and protozoa. Despite many advances in their study, these simple creatures are still outwitting humans – and killing them. This

series of articles will focus on bacteria: their characteristics, how they can be destroyed and how bacteria are resisting attempts to destroy them.

Structure

Bacteria are defined as a group of unicellular micro-organisms that lack a distinct nuclear membrane. They are also known as prokaryotes and are considered more primitive than plant or animal cells except for the cell envelope, which is more complex. Eukaryotic cells, found for example in animals and plants, have a nucleus with a distinct membrane. They also contain organelles such as mitochondria,

endoplasmic reticulum and chloroplasts (in plants), which are distributed in the cytoplasm between the nuclear and outer cell membrane. These organelles are enclosed by membranes and function independently but co-operatively with each other.

Despite the lack of membrane-bound structures, the cytoplasm of prokaryotes is still organised: reserve materials are stored in the form of insoluble granules, and ribosomes – the site of protein synthesis – are positioned at specific sites within the cell. Ribosomes in eukaryotic cells are larger (80 Svedberg Units – a sedimentation coefficient – or 80s) than prokaryotic ribosomes,

which are 70s. Bacterial genetic information is contained in one chromosome: a single, continuous, closed double-stranded piece of DNA called the nucleoid. Eukaryotic cells have more than one chromosome.

The cytoplasmic membrane in bacterial and human cells is similar: a phospholipid bi-layer matrix with a fatty acid (hydrophobic) core and glycerol phosphate (hydrophilic) backbone. However, the membranes of prokaryotes do not contain sterols. Most animal cells have no layers external to the cytoplasmic membrane but plants

Continued on page 26 ▶

have an outer cell wall composed of cellulose.

The bacterial cell envelope is rigid and determines the general shape of the cell. It has been divided into two major categories on the basis of a response to the Gram stain – bacteria are either Gram-negative or Gram-positive because of the distinct structure of the cell envelope (see figure 1).

The stain was invented by Christian Gram in 1884. Gram-positive bacteria are stained purple by the technique whereas Gram-negative bacteria are coloured pink or red. Later, electron microscopy confirmed that there are underlying structural differences between the two groups.

Gram-positive cell envelope structures are relatively simple. Working outwards, the cytoplasmic membrane is surrounded by a thick peptidoglycan layer and in some bacteria there is a further outer layer called the capsule. Capsules are polysaccharide layers that differ in composition between genera. Capsules increase virulence, prevent phagocytosis and help bacteria to adhere to surfaces. The Gram-negative cell envelope is more complex: the cytoplasmic membrane (also called the inner membrane in Gram-negative bacteria) is surrounded by a single sheet of peptidoglycan to which the complex outer membrane is anchored. The area between the two membranes is called the periplasmic space. There may also be an outer capsule.

Classification

Bacteria are historically classified by morphology, biochemical and metabolic differences. But as molecular techniques become more advanced they can be classified by comparison of ribosomal structure and DNA sequences.

However, the first edition of Bergey's *Manual of Systematic Bacteriology* is still the most simple, widely-used and accepted guide for bacterial classification. According to Bergey's there are four major categories of bacteria based on the character of the cell wall:

1. Gram-negative bacteria that have cell walls.
2. Gram-positive bacteria that have cell walls.
3. Bacteria lacking cell walls – for example, *Mycoplasmas*.
4. Archaeobacteria – prokaryotic organisms that predominantly inhabit extreme terrestrial and

Gram-negative bacteria with cell walls

(Only those groups containing human pathogens are included)

Group 1	the spirochetes, for example, <i>Treponema</i>
Group 2	aerobic/micro-aerophilic, motile, helical/vibroid, for example, <i>Campylobacter</i> , <i>Helicobacter</i>
Group 4	aerobic/micro-aerophilic rods and cocci, for example, <i>Neisseria</i> , <i>Pseudomonas</i>
Group 5	facultatively anaerobic rods, for example, <i>Escherichia</i> , <i>Salmonella</i> , <i>Haemophilus</i>
Group 6	anaerobic, straight, curved and helical rods, for example, <i>Bacteroides</i>
Group 9	<i>Rickettsiae</i> and <i>Chlamydiae</i>

Gram-positive bacteria with cell walls

Group 17	cocci, for example, <i>Enterococcus</i> , <i>Staphylococcus</i> , <i>Streptococcus</i>
Group 18	endospore-forming rods and cocci, for example, <i>Bacillus</i> and <i>Clostridium</i>
Group 19	regular non-sporing rods, for example, <i>Listeria</i>
Group 20	irregular, non-sporing rods, for example, <i>Actinomyces</i> , <i>Corynebacterium</i>
Group 21	the mycobacterium
Groups 22-29	actinomycetes, for example, <i>Streptomyces</i>

Bacterial shapes

cocc	spherical: may exist together in pairs, chains, clusters and packets
bacill	rod-shaped organisms
coccobacilli	a combination of small rods or flattened cocci
spirochetes	spiral-shaped, flexible
fusobacteria	have tapered ends and are slightly curved
filamentous	branching
vibrios	comma-shaped
pleomorphic	exist in various shapes

Figure 2: Bacterial groupings according to shape and Gram stain

aquatic environments and have unusual metabolic reactions.

Within groups 1 and 2 above, sub-groups exist on the basis of bacterium shape, Gram stain and whether the micro-organism has aerobic or anaerobic respiration (see figure 2). Aerobic bacteria are those that require oxygen to survive. Anaerobic bacteria do not use oxygen for growth and metabolism but obtain their energy from fermentation reactions. Oxygen can be toxic to them. Facultative anaerobes can use either pathway to obtain energy. These are common pathogens, such as *Streptococcus*, *Escherichia*.

The second edition of Bergey's *Manual* gives a completely different classification. Instead of

grouping bacteria according to similar general characteristics it is based on evolutionary relationships. This is as a result of the identification of ribosomal RNA, DNA and protein sequencing.

There will be five volumes to this second edition, with the second volume due to be published this year. Clinically important bacteria are not grouped together as in the first edition but are scattered throughout the volumes.

Cell growth

Growth is defined as an increase in cellular constituents and may result in an increase in a micro-organism's size, population number or both.

When bacteria are grown in a closed system there is an initial lag phase followed by an exponential growth curve (see figure 3). During the lag phase the cells, which may have previously been deprived of nutrients and a hospitable environment, adapt to their new environment by forming enzymes and other intermediate substances that accumulate and allow growth to start or resume. During the exponential phase ideal conditions allow bacteria to grow and divide at the maximum rate possible. This rate is constant and the population will double over a specific time frame known as the generation or "doubling" time.

Eventually, as the population increases, there is increased competition for nutrients together with accumulation of waste products; growth ceases and the population curve enters a stationary phase. It may be that there is a balance between cell division and death or that the micro-organisms have simply ceased to divide – this would vary between different bacterial populations. Accumulation of toxic waste products and lack of nutrients in a closed system causes the death of microbial cells. Death usually follows a logarithmic pattern, like growth, that is, a constant proportion of cells die every hour. After the population has been drastically reduced a few resistant cells may remain. The growth of micro-organisms depends on many external factors. Some of these include:

- pH
- temperature
- oxygen
- availability of nutrients
- osmotic pressure.

Cell division

Bacteria divide by binary fission: the mother cell splits into two identical daughter cells. The cell membrane is attached to the chromosome and as the cell grows it separates the chromosome. The DNA undergoes semi-conservative replication in which the two strands of the double helix separate and new strands are synthesised, with the originals serving as templates. Each "daughter" cell receives one original and one new DNA strand.

Nutrition

Analysis of microbial cells has shown that 95 per cent of the dry

Continued on page 28 ►

A journey from darkness – helping relieve the suffering, mind and body – into the light.



60mg OD start and maintenance dose

CYMBALTA** ABBREVIATED PRESCRIBING INFORMATION (DULOXETINE)

Presentation Hard gastro-resistant capsules, 30mg or 60mg of duloxetine. Also contains sucrose. **Uses** Treatment of major depressive episodes. **Dosage and Administration** Starting and maintenance dose is 60mg once daily, with or without food. Dosages up to a maximum dose of 120mg per day, administered in evenly divided doses, have been evaluated from a safety perspective in clinical trials. However, there is no clinical evidence suggesting that patients not responding to the initial recommended dose may benefit from dose up-titrations. Therapeutic response is usually seen after 2 – 4 weeks. After establishing response, it is recommended to continue treatment for several months, in order to avoid relapse. When discontinuing after more than 1 week of therapy, the dose should be tapered over no less than 2 weeks before discontinuation, generally reducing the treatment to half-dose or alternate day dosing, and accounting for individual patient circumstances, such as duration of treatment and final dose. **Contra-indications** Hypersensitivity to any of the components. Combination with MAOIs. Liver disease resulting in hepatic impairment. Use with potent inhibitors of CYP1A2, eg, fluvoxamine, ciprofloxacin, enoxacin. Severe renal impairment (creatinine clearance <30ml/min). Should be used in pregnancy only if the potential benefit justifies the potential risk to the foetus. Breast-feeding is not recommended. **Precautions** Use in children or adolescents is not recommended. Until more efficacy data are available, use in the very elderly population (>75 years) is not recommended. Use with caution in patients with a history of mania, bipolar disorder, or seizures. Caution in patients with increased intra-ocular pressure, or those at risk of acute narrow-angle glaucoma. In patients with known hypertension and/or other cardiac disease, blood pressure monitoring is recommended as appropriate. Caution in patients taking anticoagulants or products known to affect platelet function, and those with bleeding tendencies. Hyponatraemia has been reported rarely, predominantly in the elderly. Depression is associated with an increased risk of suicidal thoughts, self-harm, and suicide. As with other drugs with similar pharmacological action, isolated cases of suicidal ideation or behaviours have been reported during therapy or early after treatment discontinuation. Close supervision of high-risk patients should accompany drug therapy. Patients, (and caregivers) should be alerted about the need to monitor for the emergence of suicidal ideation/behaviour or thoughts of harming themselves and to seek medical advice immediately if these symptoms present.

Since treatment may be associated with sedation, patients should be cautioned about their ability to drive a car or operate hazardous machinery. Duloxetine is used under different trademarks in several indications (major depressive episodes as well as stress urinary incontinence). The use of more than one of these products concomitantly should be avoided. **Interactions** Caution is advised when taken in combination with other centrally acting medicinal products and substances, including alcohol and sedative medicinal products; exercise caution when using in combination with antidepressants. In rare cases, serotonin syndrome has been reported in patients using SSRIs concomitantly with serotonergic products. Caution is advisable if duloxetine is used concomitantly with serotonergic antidepressants like SSRIs, tricyclics, St John's Wort, venlafaxine, or triptans, tramadol, pethidine, and tryptophan. Undesirable effects may be more common during use with herbal preparations containing St John's Wort. **Effects on other drugs:** Caution is advised if co-administered with products that are predominantly metabolised by CYP2D6 if they have a narrow therapeutic index. **Undesirable Effects** The majority of common adverse reactions were mild to moderate, usually starting early in therapy, and most tended to subside as therapy continued. Those occurring at a rate of >2% and significantly different to the placebo rate, or where the event is clinically relevant are: Very common (≥ 10%): Nausea, dry mouth, and constipation. Common (≥ 1% and <10%): Appetite decreased, weight decreased, insomnia, libido decreased, anorgasmia, dizziness, somnolence, tremor, blurred vision, hot flushes, diarrhoea, vomiting, sweating increased, erectile dysfunction, ejaculation delay or disorder, fatigue. Dizziness, nausea, insomnia, headache, and anxiety were also reported as common adverse events, particularly upon abrupt discontinuation. In trials, treatment was associated with numerically significant, but not clinically related, increases in ALT, AST, and creatinine phosphokinase. These transient, abnormal values were infrequently observed compared with placebo-treated patients. Duloxetine is known to affect urethral resistance. In placebo-controlled trials, urinary hesitation was reported rarely (<1%) in male patients. If symptoms develop during treatment, consideration should be given that they might be drug-related. Cases of suicidal ideation and suicidal behaviours have been reported during duloxetine therapy or early after treatment discontinuation. ECGs evaluated during the clinical trials demonstrated no difference in QTc intervals in duloxetine-treated patients compared with those on placebo. There is limited clinical experience of overdose with duloxetine. No fatal overdose was demonstrated, including doses up to 1400mg either

alone or in combination with other medicinal products. No specific antidote is known but routine monitoring and appropriate symptomatic supportive measures should be used, including, if appropriate, early gastric lavage or activated charcoal. For further information see Summary of Product Characteristics, which is available at <http://emc.medicines.org.uk/>. **Legal Category** POM

Marketing Authorisation Numbers EU/1/04/296/001 EU/1/04/296/002 EU/1/04/296/003

Basic NHS Cost £22.40 per pack of 28 x 30mg capsules. £27.72 per pack of 28 x 60mg capsules. £83.16 per pack of 84 x 60mg capsules.

Date of Preparation or Last Review December 2004

Full Prescribing Information is Available From Eli Lilly and Company Limited, Lilly House, Priestley Road, Basingstoke, Hampshire, RG24 9NL Telephone: Basingstoke (01256) 315 999

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new
Cymbalta[®]
duloxetine

because depression hurts

weight is made up of a few major elements: carbon, oxygen, hydrogen, nitrogen, sulphur, phosphorus, potassium, calcium, magnesium and iron. These are macro-elements, required by cells in relatively large amounts.

All micro-organisms require several trace elements as well: most cells need manganese, zinc, cobalt, molybdenum, nickel and copper. Micro-organisms also need growth factors – organic compounds that are essential for growth but cannot be synthesised.

Heterotrophs, which include medically important pathogenic bacteria, require an organic source of carbon for growth. Autotrophs are able to use carbon dioxide as their carbon source.

Uptake of nutrients by bacteria occurs by three main methods: facilitated diffusion, active transport and group translocation – where the molecule is transported and modified at the same time.

Understanding the unique nutritional requirements of bacteria can be an important tool in their identification. Providing a culture medium that supports, or otherwise, the growth of a particular pathogen can confirm the presence of a clinically-suspected infection.

Spore formation

When nutritional conditions are unfavourable some bacteria form endospores. These are resting cells that are highly resistant to heat, desiccation and chemical agents. The two most common spore-forming genera are the Gram-positive rods *Bacillus* and *Clostridium*. Because of the pathogenic potential of some of these bacteria, such as *Clostridium botulinum*, spore formation is important in food, industrial and medical microbiology.

Spore formation is a complex process, divided into seven stages and resulting in a coated, dehydrated form containing a small amount of nucleic acid. Spores can remain viable for years. They cannot germinate immediately after formation but need a rest period of at least a few



Figure 3: Growth Curve in a closed system

days. Activation occurs in a nutritionally rich environment when the spore coat is damaged. During the germination stage water is taken in. Spore constituents are released and some are degraded by hydrolytic enzymes. Outgrowth is the next phase, during which there is active biosynthesis leading to cell division and an increase in the population of vegetative cells once again.

Pathogenesis and virulence

In a healthy person there is always a population of micro-organisms, (bacteria and fungi) that inhabit the skin, mucous membranes and intestines. The normal microbial flora can be divided into two groups:

- The resident flora – micro-organisms that are found in a given area at a given age and, if disturbed, promptly re-establish themselves.
- The transient flora – these may be non-pathogenic or potential pathogens that inhabit the body for a limited time.

As long as the resident flora remain intact then the presence of the transient microbes is of little significance. However, if the resident flora are disturbed, transient micro-organisms may proliferate and produce disease.

These are opportunistic pathogens. Resident flora may also become pathogens if large numbers are forced into other areas of the body, usually by trauma such as surgery or accidents. Some bacteria are always considered pathogens, as

their presence in the human body is abnormal.

Pathogenic bacteria can be transmitted to humans via many routes; whether their presence on or in the body will cause a clinical disease depends on many factors, both of the host and the micro-organism. The factors that determine the ability of bacteria to cause a disease, that is its virulence, include:

- Adherence – some microbes have specific structures that help them to adhere to host cells. Streptococci have fine structures called fibrillae. Gram-negative bacteria may have pili or fimbriae that are specifically for adhesion. A good adherence to surfaces ensures that bacteria can establish a base for cell and tissue invasion.
- Invasion of host cells – some bacteria may enter the body through junctions between epithelial cells, for example, *Salmonella* species, whereas others can enter host cells directly, for example, *N. gonorrhoeae*. Although invasion implies a passive role for the host the bacteria may produce certain “virulence factors” which encourage the host cells to engulf the bacteria.
- Production of toxins – toxins are primarily classified as endo or exotoxins. Exotoxins are produced by both Gram-positive and Gram-negative bacteria and are excreted by living cells. Endotoxins are an integral part of the cell wall of Gram-negative bacteria only and are usually released when the bacteria die. Exotoxins tend to be more highly toxic and include diphtheria toxin,

botulinum toxin, the toxin produced by *V. cholerae* and toxins produced by *S. aureus* strains associated with toxic-shock syndrome.

- Enzymes – although enzymes produced by some bacteria may not be intrinsically toxic they may assist in the infectious process by degrading tissues or lysing immunoglobulin A – the secretory antibody found on mucosal surfaces.

Other factors that may increase a bacterium's virulence include anti-phagocytic properties and antigenic variation.

Host defence mechanisms that normally help to prevent infection include:

- natural barriers such as the skin, the acidic environment of the gastro-intestinal tract and antibacterial activity of GI secretions
- the non-specific immune response, for example cytokine production and the inflammatory response
- the specific immune response, for example, antibodies.

Vanessa Sherwood, BSc, MRPharmS, is a freelance writer, formerly clinical editor, C&D.

Actionplan

1. In your practice workbook list all types of living organisms that can invade the human body. Mark those that are potentially harmful, those that are neutral and those that may be beneficial.
2. In your practice workbook note the differences between bacteria and viruses. Use as your test similar criteria to those used in the article, such as structure, respiration and nutrition.
3. What method(s) of self-preservation are used by organisms that are human pathogens?
4. Think of common causes of resident flora disturbance that result in disease. List them in your practice workbook, noting how they may be avoided and/or treated.

Distance learning for pharmacists

Continually using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D readers can self-test their progress by using the multiple choice question papers to be inserted in the April 2 issue, which will cover this week's CPP-accredited module, together with the issues of March 5 and 12 issues. These will cover:

● **Conjunctivitis (1330)** ● **Zinc and copper (1331)** ● **Basic bugs (1332).**

The marking service offers independent verification of results – details on the monthly MCQ papers.

If you are waiting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.



PLUS



A **FREE*** supplement for your pharmacy

Now more than ever, pharmacists have the opportunity to help patients get the most from their medicines, promote healthier lifestyles and provide innovative services to the public. GlaxoSmithKline Pharmaceuticals appreciate the value of this development and has been working closely with pharmacists to produce +Plus Medicines Support Services (MSS), an initiative which we believe will support the valuable role pharmacists can play in delivering healthcare. From 1st April 2005, we would like to invite every pharmacy in the UK to benefit from these free* GlaxoSmithKline-funded services, which include:

- Support for medicines use reviews • Training packs
- Equipment • Patient literature.

So why not give your pharmacy a boost and request a MSS brochure either directly from your Account Manager or by calling the freephone number given below.

0800 221 441



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GlaxoSmithKline

Freephone 0800 221441
Fax 020 8990 4328
customercontactuk@gsk.com



Vitamin E benefits quashed

Taking vitamin E supplements does not reduce the risk of cancer or cardiovascular events, and may increase the risk of heart failure, a study has found.

Researchers conducted a randomised, double-blind, placebo-controlled trial of several thousand patients taking either natural source vitamin E (400IU) or placebo daily. The primary outcomes measured were cancer incidence and deaths, and major cardiovascular events including myocardial infarction, stroke and death. The secondary measured outcomes were heart failure,

unstable angina and revascularisation.

No significant difference was recorded between the vitamin E and placebo groups for any of the primary outcomes, unstable angina or revascularisations. However, the incidence of heart failure and hospital admissions for the condition was higher in patients taking vitamin E.

Although experimental and epidemiological data has suggested a role for vitamin E in preventing cancer and cardiovascular events, clinical trials have generally failed to



Taking vitamin E may increase the risk of heart failure, a study has found

confirm the benefits, say the authors, concluding: "Our findings emphasise the need to thoroughly evaluate all vitamins, other natural products, and complementary medicines in

appropriately designed trials before they are widely used for presumed health benefits."

In an accompanying editorial in *JAMA*, Drs B Greg Brown and John Crowley of Washington University's School of Medicine say the study underlines the importance of testing hypotheses deriving from basic biological findings. Furthermore, doctors "should not be misled into neglecting other proven methods of prevention" for heart disease or cancer, they warn.

For more information:

JAMA 2005; 293: 1338-1347

MIIs caused by underlying depression, not drugs

The increased risk of heart attack in patients taking antidepressants may be due to the underlying depression rather than the drugs, a UK study has suggested.

Analysis of over 60,000 cases of acute myocardial infarction and over 360,000 control cases from the UK General Practice Research Database found SSRIs and TCAs to be associated with increased risk of acute MI during the first 28 days of drug exposure.

But the increased risk of heart attack was much lower in patients

who took antidepressants for more than a month and the risk was not specific to any individual product or drug class.

However, there was an increased MI risk after withdrawal from antidepressants.

The authors conclude: "The association is unlikely to be a causal drug effect and may be due to underlying depression or health services utilisation.

"An increase in inflammatory activity for other physiological reasons may lead to both MI and depressive illness."

For more information:

Heart 2005; 91:465-471

Drug cuts tumour blood supply

A novel bowel cancer treatment that works by inhibiting the key factor responsible for the formation of new blood vessels for tumours has been launched.

Roche's Avastin (bevacizumab) when used in combination with existing chemotherapy increases survival by an average of five months in patients with previously untreated metastatic colorectal cancer.

The survival rate with chemotherapy alone averages 15 months. This is the largest improvement in survival time reported for colorectal cancer that

can be attributed to the addition of a single targeted therapy, says the manufacturer.

Bevacizumab is a monoclonal antibody which prevents the formation of new tumour blood vessels (angiogenesis) by inhibiting vascular endothelial growth factor (VEGF), the key mediator for the process. VEGF inhibition also improves chemotherapy delivery to the tumour by sealing 'leaky' tumour vessels and by decreasing pressure within the tumour, and increases the time cancer patients live without disease progression.

Scriptlines

Alendronic Acid
70 mg Tablets
Once Weekly



Alendronic acid becomes generic

The first generic version of alendronic acid 70mg tablets has been launched by Teva UK.

Licensed for the treatment of postmenopausal osteoporosis, the recommended dosage is one tablet once weekly. The SPC states that alendronic acid should be taken at least 30 minutes before the first food, drink or medicinal product of

the day with a minimum of 200ml plain water only. The most common side effects are listed as abdominal pain and dyspepsia.

Price: £22.79 (packs of four)

Pip code: 111-9197

Teva UK Ltd

Tel: 0113 238 0099

Novel bowel cancer drug

Roche has launched a monoclonal antibody for the first line treatment of patients with metastatic colon or rectum cancer in combination with existing chemotherapy.

Avastin (bevacizumab 25mg per ml) concentrate solution for infusion should be used under expert supervision. However, due to its mode of action (see above), its side effects are not similar to standard chemotherapy agents. The most frequent adverse effects in patients receiving Avastin with or

without chemotherapy are asthenia (an abnormal loss of strength), diarrhoea, nausea and pain.

Price and pipcodes: 100mg £242.66

314-5471; 400mg £924.40, 314-5489

Roche Products Ltd

Tel: 0800 7315711

Dressings added

Advanced Medical Solutions has added three products to the Activheal dressings' range.

Activheal Foam Island Dressing 20x20cm, and Activheal Non-Adherent Foam Dressings 5x5cm and 20x20cm are sterile polyurethane foam film dressings, with or without adhesive borders. All are Drug Tariff listed and available from Medlogix Global.

For more information:

See Price List

Medlogix Global

Tel: 01752 209955

Miacalcic SPC changes

Novartis Pharmaceuticals has announced restrictions to the licensed indications of its Miacalcic (salcatonin) range.

Miacalcic ampoules and multidose vials are now only indicated for preventing acute bone loss due to sudden immobilisation, eg patients with recent osteoporotic fractures or Paget's disease.

Miacalcic nasal spray is indicated for the treatment of established postmenopausal osteoporosis, to reduce the risk of vertebral fractures.

All forms are now contraindicated in patients with hypocalcaemia.

For more information:

<http://emc.medicines.org.uk/>

Novartis Pharmaceuticals UK Ltd

Tel: 01276 692255

The modern *micro* answer to constipation

The laxative market offers pharmacy great profit potential with a range of tablets, pills, syrups, fibre drinks, chocolate laxatives, capsules, suppositories and granules available to recommend and for the consumer to choose from.

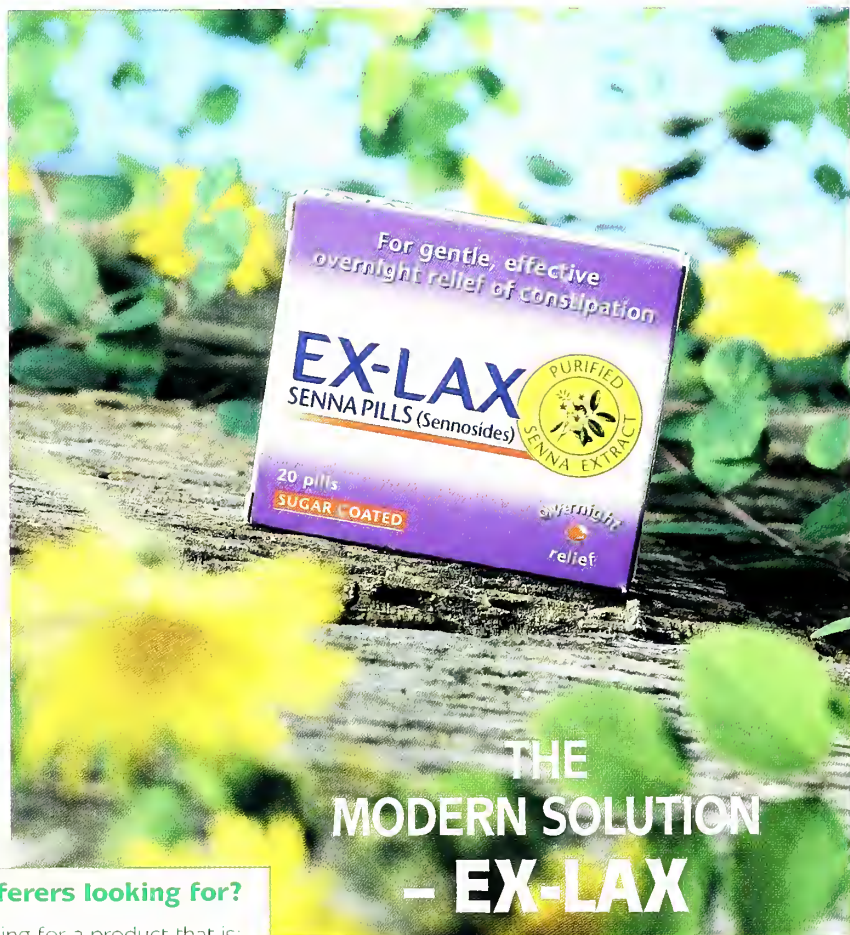
But despite so many products available it is a market often taken for granted despite one in five of the population – that's nine million people – who suffer at any one time. And among pharmacists and CCAs there still remains the legacy of some products being seen as harsh, unnatural and purging despite the development of new, modern formulations with gentle but effective actions.

There is one brand – **Ex-Lax** – with nearly 100 years of heritage which has moved with the times, listening to both health professionals and to sufferers. Novartis Consumer Health has undertaken research¹ with pharmacists and heavy sufferers of constipation which paints an interesting and comprehensive picture of current recommendation patterns and the 'ideal' product sufferers are looking for.

Need for better communication

It also shows that the answer for pharmacists to make the most of the market lies in better communication – the better versed they are in understanding the types of sufferers, their symptoms, and the language used to describe those symptoms, the better able they will be to recommend the most appropriate products for their needs.

Reference: ¹ Independent research commissioned by Novartis Consumer Health, Aug/Sept 2004



THE MODERN SOLUTION – EX-LAX

How do customers describe their symptoms?

Though key symptoms of constipation or known and familiar – bloating, stomach pains, feeling uncomfortable, straining to go, lethargy, gurgling in stomach and headaches – sufferers interviewed in the Novartis study had very particular ways of describing how constipation affected them:

- “Just don't feel right”
- “It's like dragging a weight around”
- “Can't be bothered to do things”
- “I feel a bit depressed by it sometimes”
- “Things can get on top of me”

These feelings have specific knock on effects in their daily lives:

- Worrying about appearance
- Not eating
- Feeling less sociable
- Putting off household chores
- Desire to sleep

What are sufferers looking for?

Sufferers are looking for a product that is:

- Dependable
- Gentle
- Natural
- Convenient
- Works overnight

The ideal product

So, when sufferers were asked for their ideal product for relieving constipation, the results were revealing. They were looking for:

- A very small pill that's easy to take and swallow (convenient)
- A natural product, tried and tested with a gentle rather than harsh effect on the bowels (reliable, natural)
- A product that enables you to go to the toilet normally, the following morning (natural experience)
- A product that makes you feel good, restoring energy and vitality, back to old self (normality)
- A product with no odour or taste.

There is currently only one product available in pharmacy that can justifiably put ticks next to all the ideal product criteria outlined above – **Ex-Lax Senna Pills**

- A trusted brand with nearly 100 years of heritage.
- Only sugar coated senna pill on the market
- Smallest senna pill on the market – discrete and easy to take
- One micro pill represents a single dose treatment which gently brings overnight relief help body back to regularity
- No odour or associated taste
- Modern format, natural action
- Price per dose for packs of 20 represents good value for customers.

Ex-Lax Senna Pills – modern, dependable, gentle, natural, convenient. The 'ideal' product to recommend to your customers to help relieve their constipation.

EX-LAX® SENNA PILLS Presentation: Coated tablets containing 20 mg Sennosides 60% (equivalent to 12 mg sennosides). Indications: For the relief of constipation. Dosage and administration: Adults and children over 12 years 1 tablet. A second dose may be taken during the day if required. Do not exceed two doses in any 24 hours. Not recommended for children under 12. Contraindications: Intestinal obstruction, bleeding or persistent abdominal symptoms, ileostomy or colostomy. Precautions: Prolonged use is not recommended. Should not be used for more than 7 days without

medical advice. Medical attention should be sought if there is persistent abdominal pain; a laxative is needed every day or there is no bowel movement after 3 days use. Adequate fluid intake should be maintained. Caution shortly after bowel surgery. Side Effects: Temporary mild griping effects may occur. Legal category: GSL. Recommended Retail price: 20's £2.29. Product Licence Number: PL 0030/0148 Product Licence Holder: Novartis Consumer Health, Horsham, RH12 5AB. Date of preparation: Feb 04.

Thinning hair no longer a problem for women

Regaine for Women is a new minoxidil formulation to treat thinning hair in women. The product will have a GSL status.

The product contains 60ml minoxidil and is the only OTC drug licensed solution to stimulate hair regrowth. Pfizer says three out of five women using Regaine for Women will see positive results within 32 weeks, some in as little as 16 weeks. It is clinically proven to stabilise hair loss in four out of five women.

"Pharmacy will be familiar with the Regaine brand and associate it with a product traditionally for male pattern baldness. However, in-depth consumer research highlighted the need and profit potential of a product that is tailored for women," says group marketing manager Darius Hughes.

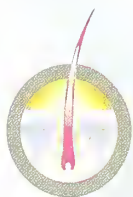
Consumer research by the company found that 70 per cent of women would be prepared to try a hair loss remedy, with 25 per cent saying they would try Regaine for Women. It's suitable for all hair types, including permed

Regaine®

for WOMEN

REGULAR STRENGTH

Minoxidil 2% Scalp Solution
HEREDITARY HAIR LOSS
TREATMENT



*Treats thinning hair
Prevents further hair loss
and regrows hair*

60 ml bottle 1 month's supply

and colour-treated.

The launch will be backed by a campaign including press advertising and PR this summer.

Price: £24.95

Pfizer Consumer Healthcare
Tel: 01737 332092

Vichy targets spot-prone skin

Vichy's new Normaderm Active Anti-Imperfection Concentrate is designed to treat spots within just eight hours, clearing them after 24 hours. The concentrate is the first skincare treatment to contain a 4 per cent concentration of salicylic acid.

Normaderm Active Anti-Imperfection Concentrate contains a patented complex called Salicylic Acid SC, which includes a sebum control ingredient. "It provides the dual action of shrinking and clearing the imperfection by drying it out, without irritating the skin, and



locally regulating sebum production, stopping the breakout at its source," says Marion Kane, scientific advisor for Vichy Laboratories.

The cream should be applied in the evening and left to work overnight; it can then be reapplied during the day. It is hypo-allergenic and has been tested on acne-prone skin.

Also new to the Normaderm range is Exfoliating Cleansing gel.

Prices: Normaderm Active Anti-Imperfection Concentrate £8.50; Exfoliating Cleansing Gel £8

Cosmetique Active
Tel: 020 8762 4030

On the tip of your tongue ...

Aquafresh Extreme Clean toothpaste is being relaunched in new packaging and with new claims.

The new packs feature graphics of moving water to symbolise the micro-active foam which cleans the mouth. Orange detail has been added for better shelf stand-out and also to link the brand more closely with the Aquafresh Tooth & Tongue toothbrush.



A new logo, "Cleans teeth and tongue" on the toothpaste pack will be included as part of GSK's drive to emphasise tongue cleaning. Copy on-pack will explain how the formulation can reach pores of the tongue for better cleaning and a fresher feeling.

For more information:

GSK
Tel: 020 8047 5000



UniChem set for hay fever season

In time for the new allergy season, UniChem has introduced three products to its own-label range.

Allergy Relief Oral Solution

contains chlorphenamine maleate 2mg/5ml and is sugar and colour-free for fast relief from hay fever and allergy symptoms. Allergy Eye Drops contain 2 per cent sodium cromoglicate to relieve sore, itchy eyes. UniChem

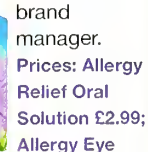
Allergy Tablets contain 10ml cetirizine hydrochloride.

The products in the vibrant new-

look packaging being introduced across the UniChem range are available from April 1. "The introduction of these three products will further increase the appeal of our popular allergy range, and reinforce UniChem's commitment to offer a real value alternative to the brand leaders," said Helen Price, UniChem's own-brand manager.

Prices: Allergy Relief Oral Solution £2.99; Allergy Eye Drops £3.49; Allergy Tablets £2.95

UniChem
Tel: 0208 391 2323



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17th May – 22nd May 2005, Sintra, Portugal
Ritz Carlton Penha Longa Hotel & Golf Resort

The countdown has begun.

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Drink?

Or think.



omeprazole

Help them enjoy weeks of freedom from recurrent heartburn

Zanprol[®] Tablets, taken as a short course (2-4 weeks), can offer weeks of remission from recurrent attacks,¹ giving the oesophagus time to heal. So recommend a simple, short course of Zanprol, because that's the kind of thinking that really makes sense.

Product Information. **Presentation:** Each Zanprol 10mg Tablet contains 10 mg of omeprazole. **Uses:** Relief of reflux-like symptoms (eg heartburn). **Dosage:** Adults over 18 years only – 20 mg once daily before a meal. May be reduced to 10 mg daily, returning to 20 mg if symptoms return. Use lowest effective dose. **Contraindications:** Hypersensitivity, pregnancy/lactation. **Precautions:** Refer to doctor if no relief within 2 weeks, continuous use for 4 or more weeks to control symptoms, aged over 45 with new or recently changed symptoms, unintentional weight loss, anaemia, gastrointestinal bleeding, difficult or painful swallowing, persistent vomiting or vomiting with blood, epigastric mass, previous gastric ulcer or surgery, jaundice, any other significant medical condition (including hepatic or

renal impairment), or pre-endoscopy. **Interactions:** Diazepam, phenytoin, warfarin, ketoconazole, itraconazole, cilostazol, voriconazole, digoxin, tacrolimus, ¹⁴C-urea breath test. **Side effects:** Skin rash, urticaria, pruritus, photosensitivity, bullous eruption, erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis, alopecia and increased sweating. Arthritic and myalgic symptoms, bronchospasm, diarrhoea, constipation, abdominal pain, nausea/vomiting, flatulence, dry mouth, stomatitis and candidiasis. Increases in liver enzyme levels, encephalopathy in patients with pre-existing severe liver disease, hepatitis with or without jaundice and hepatic failure. Interstitial nephritis resulting in acute renal failure, gynaecomastia, impotence, headache, paraesthesia.

Taste disturbances, mental confusion, agitation, depression, aggression blurred vision, blood disorders, hyponatraemia, vertigo, anaphylactic shock and angioedema, dizziness, light-headedness, feeling faint, somnolence, insomnia, peripheral oedema, malaise and fever. **Legal Status:** P. **Retail Selling Price:** 14 Tablets £9.49. **Product Licence Number:** PL 14017/0069. **Licence Holder:** Dexcel-Pharma Ltd, 1 Cottesbrooke Park, Heartlands Business Park, Daventry, Northamptonshire, NN11 5YL. **Date of Preparation:** November 2003.

Reference:

1. Bardhan KD, Muller-Lissner S, Bigard MA *et al*. Br Med J 1999; 318: 502-507.

Ovex now in liquid format

The threadworm treatment Ovex is now available in a suspension format as well as the existing tablets.

Ovex Suspension is a banana-flavoured liquid that will treat threadworm in just one dose. It contains mebendazole, as do the tablets, and comes in a 30ml family sized bottle containing enough for six single doses.

Children have a 40 per cent risk of being infected by threadworm, which is most common among children aged between four and 10.

The launch will be supported with a consumer advertising campaign beginning in April.

Price: £6.99

McNeil Ltd

Tel: 0800 032 8258



Numark extends own-label allergy range

Numark has extended its range of own-label allergy products with the addition of loratadine liquid, allergy eye drops and antihistamine solution.

Loratadine Liquid is suitable for children over two years and gives fast relief from hay fever as well as pet, dust and skin allergies. Allergy eye drops contain sodium cromoglicate 2 per cent and are indicated for the relief of eye symptoms associated with hay fever.

Numark Anti-Histamine Solution contains chlorphenamine and is sugar and colour-free. All products



are available to members on a trial basis.

To support the launch, all members will receive an allergy point of sale pack next month.

Prices: Loratadine Liquid £4.29; Allergy Eye Drops £3.99; Anti-histamine Solution £3.29

Numark

Tel: 01827 841200

US breast pump now in the UK

A breast pump designed to make the process more comfortable and easier is now available in the UK.

The fully trialable Whittlestone Expressor works by creating a vacuum that provides constant and controllable

pulsation, which means milk is expressed faster, more comfortably and with less risk of mastitis.

It's currently only available at Boots, but will be available to independents from August.

Price: £24

www.whittlestone.co.uk

Yardley gets fruity

Fruit Sensations is the mouth-watering new range from Yardley. There are four delicious flavours: Raspberry & Vanilla, Melon & Peach and Strawberry & Kiwi. Each variant is available as body spray,

soap and talc.

Prices: body spray £2.25; three-pack soap £7.50; talc £7.50

Yardley

Tel: 020 7297 5000



Soothahero comes to the rescue of mouth ulcer sufferers

GR Lane is promoting the launch of its new mouth ulcer treatment Soothagel with a novel publicity campaign.

A cartoon hero dubbed Soothahero, dressed in an attention-grabbing Sootha-suit, will demonstrate to commuters and shoppers how the product can rescue them from evil mouth ulcers. Passers-by will be handed information in the form of a tabloid

newspaper called *The Daily Soother*. The Soothahero is visiting London, Birmingham, Manchester and Edinburgh.

The new mouth ulcer treatment creates a barrier over the ulcer and contains essential fatty acids to reduce inflammation and aid healing.

Price: £2.49

GR Lane

Tel: 01452 507458



Sponsored by



Aquafresh: All areas except U, CTV, GMTV

Calpol: All areas except U, GMTV

Cura-Heat: All areas except C4, five

Cura-Heat Period Pain: All areas except C4, five

Kalms: five, GMTV, Sat

Lucozade-Energy: All areas except U, CTV, GMTV

Nytol: All areas except U, CTV, GMTV

Sensodyne: Sat

Simple Women's Skin care range: All areas

Tena Lady: All areas except U, CTV, LWT, GMTV

Zocor Heart-Pro: A, M, LWT, C4, Sat

PharmaSite for next week: Otex – window, Ibuleve – in-store, Ibuleve – dispensary

Pharmacy Channel: Isovon/London 2012 Olympic Bid/Give it Up

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



Set them free with Piriton this Summer

Help set families free from the misery of hayfever and allergies with Piriton, tried and trusted for generations.

Piriton provides a range of allergy answers for adults and children from as young as 1 year. No other antihistamine brand can say as much.



PIRITONTM

**Hayfever and allergy relief
for the family**

chlorphenamine

Piriton Allergy Tablets and Piriton Syrup Product Information. Presentations: Tablets containing 4 mg chlorphenamine maleate. Syrup containing 4 mg chlorphenamine maleate in 10 ml. **Uses:** Symptomatic relief of chickenpox itch and allergic conditions including hayfever. **Dosage and administration:** Tablets: *Adults:* 1 tablet every 4-6 hours. *Children aged 6-12:* 1/2 tablet every 4-6 hours. Syrup: *Adults:* 10 ml every 4-6 hours. *Children aged 6-12:* 5 ml

every 4-6 hours. *Children aged 2-6:* 2.5 ml every 4-6 hours. *Children aged 1-2:* 2.5 ml, twice daily. **Contraindications:** Hypersensitivity. Concurrent or recent treatment with MAOIs. **Precautions:** May increase effects of alcohol. May affect ability to drive and use machinery. Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease, epilepsy, glaucoma and other eye conditions. Syrup contains sugar, use with caution in diabetes. Maintain good dental hygiene. **Side effects:** Sedation. Less commonly gastrointestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular incoordination, jaundice, cardiovascular

disturbances, chest tightness, dizziness, blood dyscrasias, allergic reactions, tinnitus. Children and the elderly are more prone to the neurological anticholinergic effects and rarely may become confused or excitable. **Pregnancy and lactation:** Consult doctor before use. **Legal category:** P. **Product licence numbers:** Tablets: PL 00036/0091, Syrup: PL 00036/0088. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** Tablets 30s £3.15, Syrup 150 ml £3.99. **Date of last revision:** October 2004. Piriton is a registered trade mark of the GlaxoSmithKline group of companies.



GlaxoSmithKline
Consumer Healthcare



The personal hygiene market is split between those who want to pamper themselves and those who never have time to wallow in the bath. Sarah Purcell reports on the latest trends and sees that business is booming

Making a splash

The British bathroom has been transformed in recent years from the place where you used to have a quick wash and brush up to a haven of tranquillity for indulging in precious me-time. The busy lives we lead mean that we want bathroom products that do more than one job, yet make us feel pampered and nurtured too.

Manufacturers have been quick to respond to our needs, with a plethora of spa-inspired bath and shower products to indulge our senses. "Bath and shower product manufacturers have been keen to tap into the concept of me-time by creating products with further benefits beyond washing, that provide a pampering experience. Bathing becomes a ritual that is enhanced by creating the right mood through candles and the right combination of pampering products," says Mintel in its *Soap, bath and shower products Report (Oct 2004)*. It found sales reached £594 million last year, up by 25 per cent since 1999. Bath and shower products make up two-thirds of sales now, with soap in decline, though still worth £190m (much of this is liquid soap sales).

Manufacturers have looked carefully at the demographics of this market, taking into consideration the falling number of teenagers and the rising number of over 45s, predicted to

Pharmacy store

Grocery stores now sell 47 per cent of bath and shower products, with chemists (excluding Boots) now claiming only 4 per cent, though this has increased 14 per cent since 2001. Boots takes 21 per cent and drugstores 10 per cent of sales. Around three-quarters of soap sales go through grocery stores, but there is still a market for niche and luxury brands, says Mintel.

At Bronnley Frank Morris believes that the luxury bath and shower market is still an important one for pharmacists: "Part of the reason why you visit a pharmacy is to make yourself feel good, and offering luxury goods is part of this experience. And if you offer your customers brands they can't get in their supermarket you're giving them additional reasons to come into your store."

At Finders International, Robert Czik believes pharmacists should steer clear of mass market brands. "It is important for pharmacies to move away from mass market brands which are widely retailed in supermarkets and concentrate on strong niche brands for the discerning consumer. They will purchase specialist products from a pharmacy because of the pharmacist's specialist knowledge and remain loyal because of such brands."

Julie Baker says pharmacists should capitalise on consumer shopping habits. "Research has highlighted that consumers are far more likely to be in a browsing mindset when shopping on the high street compared to when doing the weekly supermarket shop. As such, pharmacies should look to maximise the spend from shoppers by ensuring they offer a good selection of products to tempt them."

greater male involvement in the sector as a whole."

And we expect extra benefits from our bath and shower products too. "Shower products will come with ingredients to tone, invigorate, exfoliate, while bath oils will help you to relax and unwind," says Mr Morris. "This is all geared to the new way of washing – a shower in the morning to wake up and a bath in the evening to wind down."

Home spa

The concept of turning your bathroom into a home spa has captured our imagination and shows no sign of slowing down. "I think increased overseas travel and our experiences of hotels abroad that have hot tubs, steam rooms etc, plus the trend for health clubs in the UK has fuelled this trend. Using these sorts of products at home is a natural extension of this desire to be healthier," says Frank Morris.

"In the future we'll see manufacturers building on this trend. We're likely to see thalassotherapy (seaweed extracts) become more popular, as it is in France, in the near future. Another interesting trend which is popular in France is treatments based on wine ingredients – I think that could take off here too as more of us are aware of the benefits of wine."

At Finders International, Robert Czik has also seen continued popularity of the spa trend. "I think it's really because consumers are taking more interest in looking after their health and the spa trend fits into this pattern."

Mintel predicts that the popularity of organic products will soon spill into the bath and shower market

The other big trend remains essential oils, which are in practically every bath or shower product you pick up these days. "It's all part of the influence of Far Eastern culture, which has proved so popular," says Mitchell Field, sales director at Richards & Appleby.

Mintel predicts that the popularity of organic products will soon spill into the bath and shower products market. "At present only a few niche brands fit into this sector, but there is definitely scope for products which are both kind to the skin and to the environment," says Mintel.

Consumers are finding even soap

In the UK we're the heaviest users of liquid soap, with almost 70 per cent of us using them last year compared with just 23 per cent of Germans. And while shower gel is a growing market, we're still behind the rest of Europe, with 68 per cent of us using it here compared with 94 per cent in Spain and 86 per cent in France.

Usage of toilet soap continues to fall and several mass market manufacturers have even stopped producing it. "However, at the luxury end of the market things are still buoyant," says Mr Morris at Bronnley. "Our Destinations soap range launched last year has been very successful and we are launching two more soap ranges this spring."

Women's use of shower gel is increasing, up by 10 per cent in the last three years, as is their use of bath products – 64.6 per cent use them regularly. However, these tend to be used two or three times a week, compared with shower products which are often used daily.

Around the same number of men use shower gel as women, but they do so more frequently. Some 31 per cent of men will use shower gel at least once a day. Men aren't so keen on bathing, with just 35 per cent using bath products last year.

Liquid soap is more popular with women than men, with 30 per cent of men only using bar soap.

grow until at least 2008. Most bath and shower products are targeted at this older age group. In addition, older people are now much more active than they used to be, taking part in leisure activities like the gym, swimming and cycling which means more usage of bathroom products.

However, Mintel points out, teenagers are the heaviest users of shower gels, so in future we may see more brands designed to appeal to them. The hectic pace of modern life has also dictated product trends – few of us have time for a leisurely bath in the mornings, so shower gels and body washes that contain extra benefits like exfoliating and moisturising properties have proved popular. And with the majority of households having a shower these days, we're taking fewer baths than we used to.

According to TGI Europa, almost 70 per cent of women used shower gel regularly last year, an increase of 10 per cent since 2001, while usage of once a day or more was up by 5 per cent. "But although the number of people who are bathing has fallen, the bathers left are the heavier users of bath products." The bath additives sector is still worth £138m (IRI).

"The main trend that we've noticed in recent years is that men and women are now buying separate products for bath and shower. While in the past men would use whatever was handy, we're now seeing women buying products for their partners or men buying for themselves," says Frank Morris, sales director at Bronnley.

"We're also seeing shower products in particular that are body-specific – for instance, those designed for sensitive skin. The market has become much more segmented and also more technical, although saying that, men's products are still fairly straightforward – you'll still see "hair and body wash", for example, which you don't really come across for women any more."

At Sara Lee, marketing director Julie Baker has also noted the trend for men buying their own products: "In 2002, 42 per cent of men bought their own shower products, compared with 46 per cent of men today. This indicates a

Bath & shower product news



Let's lather on the lemon

Bronnley has introduced the Herbarium range of luxury soaps made from pure vegetable oils and herbal extracts.

Packed in a box, the soaps come in Rosehip, Calendula, Arnica, Applemint, Thyme and Rowan Berry variants.

Bronnley has relaunched its famous Lemon soap, which has been manufactured since 1892, in contemporary packaging. New additions to the range are a 50g guest soap and a 250g soap on a rope.

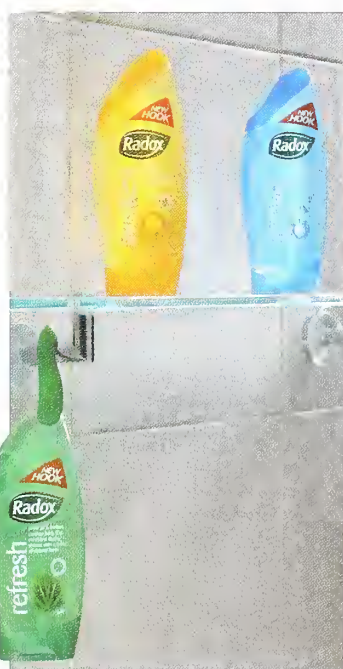
Bronnley, tel: 01280 702291

Hang it all

The new Radox shower range comes in a modern translucent pack with a hook for hanging in the shower, but which folds away for use in a wash bag or bathroom cabinet. There are eight variants to choose from.

For women there's Moisturise, Replenish or Soften cream and Relax gel. For men there's shower gel and shampoo with sea minerals. For all the family there's Refresh and Active gel and shampoo or Awaken shower gel.

Sara Lee, tel: 01753 523971



Bring me wine and roses

The Lux bath and shower range has been extended with the addition of three variants. Lux Glowing Touch contains shea butter and skin brighteners; Lux Wine & Roses includes grape extract and rose essence; Lux Sparkling Morning contains lime and green tea extracts. The brand is being supported by a £4.5 million campaign through the year.

Unilever UK Home and Personal Care, tel: 020 8439 6100

Bodywash from down under

Australian Bodycare has introduced Body Wash to leave skin tingling and fresh. It contains pure tea tree oil.

Australian Bodycare, tel: 01892 750333

Cucumber for tea?

The Dove body wash range has two new variants. Dove Energy Glow contains cucumber and green tea; Dove Fresh Touch combines vitamins and moisturisers. Also new is Dove Cream Oil bar.

Unilever UK Home and Personal Care, tel: 020 8439 6100.

Crystal clear sachets

Cyclax Nature Pure triple bath sachets come in lavender, apricot, evening primrose or aloe vera. The bath sachets are available as confetti, pearls or crystals.

Richards & Appleby, tel: 01685 843384

It's Simple to unwind

There are three additions to the Simple range. Soothing Shower Cream contains aloe vera, rosemary oil and a vitamin complex. Energising Shower Scrub contains jojoba spheres and peach seed powder for a mild exfoliating action. Relaxing Body Wash contains lavender, geranium and chamomile oil to help you unwind.

Accantia Health & Beauty, tel: 0121 327 4750

Here's mud in your eye

The Ahava Dermud range is enriched with natural Dead Sea mud to treat dry skin conditions. Part of this new range is Dermud Moisturising Shower Cream.

Ahava UK, tel: 01452 864574

Take comfort from Johnson's

Johnson's has introduced Perfectly Soft shower gels to moisturise skin for 24 hours. They come in three variants: Invigorating, Moisturising and Comforting.

Johnson & Johnson, tel: 01628 822222



Rice and easy does it

New to the Nivea bath care range is Rice & Lotus Shower Cream and Rice & Lotus Shower Exfoliator. With an exotic lotus fragrance, it contains the rice antioxidant Oryzanol to smoothe skin.

Beiersdorf UK, tel: 0151 424 8352

Smells good enough to eat

Remploy has extended its Only Natural range with the addition of the Mediterranean collection. Natural extracts have been used in the products and the range includes peach, tomato and grapefruit hand wash; lime, kiwi and lemon shower gel; olive, peach and vanilla body wash; mango, peach and honey bath cream; jojoba, pineapple and fig bath essence. All products cost £0.99 or less.

Remploy, tel: 0161 725 9709



Continued on page 40 ►

Men's grooming is booming for UK pharmacies

One are the days when men were happy to use just soap and water, with all manner of products now on offer to help them look after their skin. But do they really want to spend half the morning competing with their girlfriend for cabinet space, when they could be out enjoying the day?

To address this need, **Sanex** has developed **Sanex for Men** – a range of no-nonsense skincare products designed for men who want to look and feel good, but don't want to spend a fortune or a long time doing so. This new range of shaving, shower and deodorant products comes in Active and Sensitive variations and has been designed in direct response to an increasing trend in men devoting more attention to their personal care.

Available in all major pharmacies, **Sanex for Men** formulations care for male skin through an active pH system that works with the skin to help keep it naturally protected, healthy and in top condition.

Julie Baker, Sara Lee UK marketing director said,

THE MEN'S MARKET

Studies show that the market for men's skincare products is worth £398 million growing at 2%:

- The everyday man from teenager to the over 45 year old is now interested in healthy skin
- The everyday man now desires real expertise and authentic products

Sales indicate the influence these factors have had commercially:

- 17% growth in facial products
- 7% growth in deodorants
- 4% growth in shower products

Source IRI

"Today men are increasingly aware of the importance of good skincare and have an open mind to new products, but these have to be their 'own' innovative products which address the needs of male skin. We believe that with this new line we are responding to a very real demand for a no nonsense, effective product."

With the men's skincare market valued at £398 million, **Sanex** launched their own research to understand what men really wanted from a



ATTITUDE TO GROOMING – MEN 28 TO 32

"I like a down to earth approach and don't buy into exaggerated stories or the science bit."

"Shaving is my worse part of the day, I just want to get it over and done with."

"Despite my busy lifestyle I like to take care of myself but don't spend a lot of money on toiletries."

Source TGI data and Key Learning's Male Insight Project 2004

skincare range. Interviewing men across five European countries the research revealed that:

- Skin health and care is growing in relevance for men
- Men are actively thinking about the condition of their skin
- Men are using products to help repair and maintain their skin
- Most men perceive they have sensitive skin due to the soreness caused by shaving.

Sanex for Men launched into the UK market in February and marks the first time the brand has extended into the male specific category.



Body beautiful

The bodycare market is currently worth some £211 million and has grown by 37 per cent in the last four years (*Mintel women's bodycare report*). The market has finally matured, with a majority of women now using these products as a regular part of their routine instead of as an occasional treat.

"The majority of women are now regular bodycare users. While we used to see a drop in sales during the winter months, demand is now constant all year round," says Mitchell Field, sales director at Richards & Appleby.

"And when we asked women if they would use the same or a separate product for face and body, 82 per cent said they wanted a separate product for each, which I think goes to prove the point."

Manufacturers are wising up to the maturer market and we're seeing more anti-ageing and firming bodycare products these days. Women are now happy to use these on their face, so bodycare products are naturally following on. Some 70 per cent of women now use body lotions,

and those that offer anti-cellulite and anti-ageing benefits are selling well.

The spa trend is apparent in bodycare too and consumers are looking for products they can use at home that will recreate the treatments they have at a salon or spa. "Body exfoliants are one of the fastest growing areas in bodycare," says Mitchell Field. "And this is closely followed by massage-based products." Other products that are proving popular are lotions, gels and oils that give glow and shimmer to the skin.

Growth of mass market products have now overtaken bodycare sales of premium brands, which reflect the commitment in the area from the major toiletries companies.

Body lotions are still the most popular product in this area, with more women choosing products with particular benefits rather than general purpose products.

Mintel forecasts bodycare to continue growth of 37 per cent until 2007, when it will be worth around £290m. This will be led by mass market brands.

Bodycare product news

Body lotion has holiday feel

Johnson & Johnson has introduced Holiday Skin body lotion, which gives skin a light tan and keeps it soft. It comes in normal to fair skin or normal to darker skin.

Johnson & Johnson,
tel: 01628 822222

No more dry skin

New to Australian Bodycare is Intensive Skin Cream. With concentrated essence of tea tree oil and aloe vera, it can be used to treat dry skin anywhere on the body.

Australian Bodycare,
tel: 01892 750333

Anybody fair?

New to Richards & Appleby are Green Tea hand and body lotion and Green Tea hand and nail cream. Green tea is rich in the antioxidant polyphenol, which helps protect skin from damage and premature ageing.

Richards & Appleby,
tel: 01685 843384

Skin protection in pregnancy

Palmer's has introduced Cocoa Butter Formula Soothing Oil for Dry, Itchy Skin. Especially suitable for use in pregnancy to help protect skin as it stretches, it contains cocoa butter, vitamin E, collagen and elastin.

ET Browne, tel: 020 8554 7000



Smooth thighs in two weeks

According to research carried out for Nivea, some 82 per cent of women aren't happy with the shape of their thighs. Nivea Body Sculpting & Smoothing Cream Q10 Plus promises to improve skin firmness in just two weeks.

Beiersdorf UK, tel: 0151 424 8352

Keeping skin supple

Simple has introduced a range of bodycare products. Revitalising Body Lotion contains lemongrass oil and peppermint oil to help tone and stimulate skin. Hydrating Body Moisturiser contains rose hip oil to condition skin, cardamon oil, a natural astringent, and grapefruit oil. Nourishing Body Cream contains shea butter for intensive moisturising, plus cardamon oil and grapefruit.

Accantia Health & Beauty,
tel: 0121 327 4750

Hair removal news



King of Shaves targets women

King of Shaves has relaunched its women's shaving range. The range includes Shave & Moisturise Shaving Oil that combines aloe vera, sweet orange flower, lavender, rosemary leaf, camomile and tea tree

oil with vitamin E; Shave & Smooth Shaving Spritz with oils of grapefruit, juniper and geranium to soften skin and leave it glowing after shaving; Shave & Moisturise Shaving Gel, which contains peppermint, menthol, tea tree and camomile in a low lather formula so you can see where you've shaved; Shave & Scrub Shaving Gel which gently exfoliates skin as it shaves and gives skin a sheen afterwards; Moisturising Hair Minimiser, a post-shave spritz that slows regrowth of hair; Even Out & Firming Moisturiser, a body lotion that tones, evens out skin colour and moisturises.

KMI, tel: 01494 783066



Battery power for M3Power

Gillette's new men's razor, the M3Power, is the company's first battery-powered shaver. Micro-pulses delivered to the shaving cartridge help raise hairs for a closer shave. It features Gillette's latest blade technology, the PowerGlide.

Gillette (UK) Ltd, tel: 020 8560 1234



The depilatories market is worth £52.2 million and market leader Veet has a 60 per cent share. The company has expanded the range with the improved Veet Rasera Bladeless Kit. Available in aloe vera and floral sensation, it now has an easy rinse formula, hair removal gel cream and a tool with a double rubber fin for smoother results.

Also new is Veet 3 Minute Hair Removal cream, claimed to be the fastest depilatory cream on the market. It will replace existing hair removal creams.

Veet Hair Minimising Moisturiser is designed to be used alongside depilatories to keep skin smoother for longer. Ceuta Healthcare, tel: 01202 780558



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Ovex.[™] What to do about threadworm.

Further information is available from Janssen-Cilag Ltd, Sanderton, High Wycombe, Buckinghamshire HP14 4HJ. Ovex Suspension contains mebendazole 100mg/5ml. Ovex suspension is indicated for the treatment of *Enterobius vermicularis* (threadworm). Legal status: P References: 1. Fierlaj, E et al., Tropical and Geographical Medicine, Mebendazole in Enteriobiasis, 1973 25, 242-244. 2. MAT IRI Sept 2004.



BIC celebrates 30th birthday

BIC celebrates 30 years in the shaving market with a series of promotional initiatives to support its one-piece triple blade BIC Comfort 3. The product is being endorsed again by former England rugby captain Martin Johnson and BIC will capitalise on the forthcoming Six Nations championship and British Lions tour with sampling campaigns, consumer coupon redemptions and point of sale material. The eight razors for the price of four offer also continues.

BIC (UK) Ltd, tel: 01895 827100

Women's blades and razors are worth £70 million and grew by 15 per cent last year. Gillette has a 60 per cent share in this market, driven by its Venus brand. Systems razors account for 28 per cent of the women's shaving market. The company's new Venus Divine razor features intensive moisture strips, three comfort-coated blades and soft cushions for a close shave.

Gillette, tel: 020 8560 1234



Grey men work it out

Today's men are spending £10 million a year on getting rid of grey hair. Just for Men is running a TV campaign this month, with new bursts in

summer and autumn. There are six shades in the range, which target only the grey hair.

Combe International, tel: 020 8680 2711



Simple tells it like it is

Simple has relaunched its Skin Defence range for men, making terminology much more straightforward. Products include Pre-Shave wash, Pre-Shave scrub, Silicon Gel and Post Shave soothing balm.

Accantia, tel: 0121 327 4750

The famous 1970s brand Brut has made a comeback. The range includes aftershave, splash-on lotion, deodorant and APD spray. And the fragrance is just the same!

Unilever UK, tel: 020 8439 6100

Calvant Verdi MR Pharms.

owner of the two Cambelle pharmacies in South East London purchased the Healthpoint counselling system for both his stores in September 2002. In an interview he explains his reasons for purchasing the Healthpoint system and gives his views on the future of community pharmacy.



Verdi, as his customers know him, purchased his first shop, just off the Old Kent Road, over twenty years ago and the second unit in Hither Green, three years later. He refitted the Hither Green branch nearly two years ago, after purchasing the empty unit next door, and included a consultation point and consultation room in the new store. He realised that community pharmacy was about to change and he wanted to be ready...

Why did you purchase the Healthpoint system?

"When I saw the Healthpoint system I realised it was the information tool I had been looking for, for my new store. It would provide all the lifestyle advice and health care information for my patients and the team in the store. The information it provides is way beyond what you can deliver as a community pharmacist both in terms of knowledge and the time you have. The Healthpoint system enhances my role as a professional counsellor and reinforces the advice I give."

What else attracted you to the Healthpoint system?

Another factor was the free print outs for patients. This is particularly important, as patient recall of medical advice is often very poor. The print out not only has all the relevant information but also detailed dietary and supplementation advice as well. The other benefit is the print out has your pharmacy contact details on as well – another reason for patients to return to our pharmacies."

How else has the Healthpoint system benefited your pharmacies?

"One of the unforeseen benefits has been the number of nurses and other health care professionals who have come into the store to access the system and print off the information. The other benefit that comes to mind is my use of the Healthpoint machine at our Sikh temple to help promote health awareness in the community. Many people in the Asian community do not realise that conditions such as diabetes mellitus, are easily controlled and treated. The Healthpoint has helped with this project as the information is delivered in a user friendly way and in language that is easily understandable."

What will your job role as a community pharmacist be in two years time?

"The new contract presents community pharmacy with real challenges. If you want to be successful and fulfil the role of the community pharmacist you will have to invest time and money to deliver the new services. The switch of focus from a purely numbers payment scheme to health care management through advanced and enhanced services is something to be welcomed. I genuinely believe my role in two years time will be in the front of the store delivering services such as smoking cessation, medication review and actually managing chronic disease."

For further information and a free demonstration please call:

0870-011-6008

www.healthpoint-europe.com

At the end of 2004, women from Germany, Denmark, Austria and Slovenia met in Frankfurt am Main to discuss the plight of their female colleagues in their home countries and in Europe.

The German Association of Female Pharmacists, which was established in 2001, organised the event.

Their vice-chairman, Professor Dr Karen Nieper from the University of Leipzig, reported that two thirds of pharmacy students in Germany are women, and almost the same proportion can be found in pharmacies throughout Germany. However, male pharmacists far outnumber women on the scientific front in industry.

Elfriede Dolinar from Austria explained that "gender mainstreaming" is an important topic for discussion in her home country.

Nevertheless, there is very little action being taken, she said. In comparison to Germany, Austria's pharmacies are even more dependent on women: around 76 per cent of pharmacists are female, while 90 per cent of the total pharmacy workforce are women and in Austria around 48

per cent of all female pharmacists are self-employed.

But there are reasons to be critical, said Ms Dolinar. In institutions which lead and represent the profession, self-employed women pharmacists in particular are still in the minority. In the Austrian Guild of Pharmacies, there is not a single self-employed female chairman of the board, complained the pharmacist.

The Danish delegate, Gisela Weber Mezghani, described a very different situation in her country which has only 279 pharmacies, and each has to provide medicine for about 15,000 patients and customers. Actually only 20 per cent of all qualified pharmacists work in community pharmacies, and of these, around 50 per cent are women.

Up to 60 per cent of pharmacists are in the pharmaceutical industry, 20 per cent in public companies, universities, hospitals or in the civil services.

The main problem in Denmark is the difference between salaries for men and women. Although Denmark has a specified base salary, there is incentive pay which

European women pharmacists exchange views

Fledgling European women pharmacy associations have held their first joint meeting. **Jörn Runge** reports

has to be negotiated. Although the latter has lost its significance it is still seen as the reason why women still earn less than their male colleagues.

Professor Iwona Wawer from the Pharmaceutical Faculty of the University for Medicine, Warsaw, explained the current situation of the pharmaceutical market in Poland. The per capita consumption for medicine amounts to only €56 each year. Because of the financial situation of the Polish health system two thirds of all pharmacies do not reach the average turnover. As about 90 per cent of the pharmacy

workforce is female, their situation is rather tense.

Compared to other European countries, Poland's pharmaceutical research is very much dominated by men.

Professor Wawer summed up the feelings of the meeting as a whole when she said that she hoped that the event, an initiative of the German Association of Female Pharmacists, will help to make new contacts and improve the exchange of information and organisation of events in the interest of female pharmacists throughout Europe.

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FREE LEGAL ADVICE



Chemist & Druggist's web site –
www.dotpharmacy.co.uk – has
introduced a service that offers
pharmacists free legal advice
from a leading solicitors' firm. The service –
dotLaw – is being run with the co-operation of
Charles Russell, whose specialist legal fields
include pharmacy matters.

Pharmacists are advised to e-mail their questions
to – pharmlaw@cmpinformation.com – along
with their full name and the name of their
pharmacy. The latter two details
are for C&D's records only – pharmacists'
identities will be kept anonymous when the
answers are published.

All the questions and Charles Russell's replies,
which will be available in two working days,
will appear on a new dotPharmacy page called
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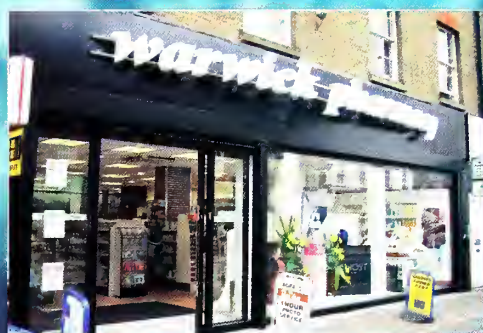
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Back I SUES

Appointment



Emma Tennent

BR Pharmaceuticals has announced a number of senior appointments within the company. **Emma Tennent** has been named joint managing director with overall responsibility for running the business. Her promotion after six years with the company will enable joint MD Philip Byrne to concentrate on UK sales and marketing and expanding international business.

In addition, **Stuart Pearson** has joined the board as a non-executive director. Formerly a partner with national accountancy firm Baker Tilly, Mr Pearson will be responsible for advising the board in long-term funding and corporate strategy.

Philip Bradley has joined BR as marketing head. Mr Bradley has experience with AAH Pharmaceuticals and Mawdsleys, and will be responsible for expanding the marketing team, co-ordinating sales and increasing the company's corporate profile.



Stuart Pearson



Philip Bradley

Cycle team IS USA bound

Be honest. Are you one of those people who enthusiastically says this is the year you'll finally get out the old racing bike and put in some serious road miles but, when the time comes, find an excuse not to do it?

Well spare a thought for 14 representatives from MTS Medication Technologies, including UK managing director and pharmacist Peter Williams, pictured. Not only are they cycling 150 miles across Florida in two days on April 10 to raise money for the National Multiple Sclerosis Society but, a week later, Peter has committed to cycling 180 miles in one day from Cocoa Beach, Florida, to Crystal River to raise more money.

In total the team is hoping to raise £10,000 from the

'Wheels, Whales and Tails Bike Tour'.

"While I'm sure the scenery and weather will be beautiful, the actual ride will be extremely gruelling," says Peter. "We've all been training for at least the past three months but I

think we will all still be surprised by how hard it is." Not half – at least Florida's fairly flat.

To donate, cheques should be posted to Peter Williams, MTS Technologies International, 6a-6b Dalton Court, Blackburn Interchange, Lower Darwen, Lancs BB3 0AT (tel: 08707 661462).



LOGES N

Tough puck for Essex lad's first international bid



An Essex pharmacist has just had his first taste of international ice hockey, following his son as he played in the 40th World Pee-wee International Ice Hockey Tournament in Quebec City, Canada.

Anthony Chong of the People's Pharmacy in Chelmsford, Essex, flew to Canada last month with his son Liam, who had been

selected to play for England in the Under-13s tournament.

Facing more than 2,250 competitors from over 15 countries, the team played strongly to audiences of over 6,000. Unfortunately they were outplayed 2-0 by their first competitors, the Mighty Ducks of Anaheim. They were finally knocked out in the losers' pool.

However, resilient to the end, the England U-13s fought back in one of their exhibition games to demolish a superior AAA league team 8-1.

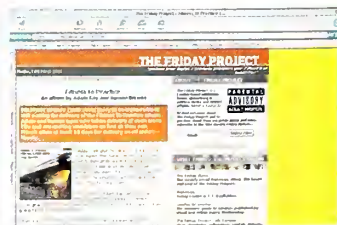
Supported by £1,500-worth of kit sponsorship raised by, among others, UniChem, OTC Direct, Crookes Healthcare and Pfizer, Liam Chong is now preparing for the England U-14s selectors.

Groovy docs

Those wacky doctors. If they're not appearing in TV soaps calling for gurneys, CBCs and toxscreens, then they're on the news sporting the latest fashion in bow ties.

As if that wasn't enough, two doctors, Adam Kay and Suman Biswas, have now released an album entitled *Fitness to Practice* (spelling boys, spelling). But let's not be quick to judge as the duo, known as Amateur Transplants, are donating all proceeds to Macmillan Cancer Relief.

So if you fancy strutting your stuff to such snappy songs as Paracetamolxyfrusebendroneomycin, Careless Surgeon or A Letter to the Patient's GP Please, Angela, then log on and take a look at www.thefridayproject.co.uk/fitness.



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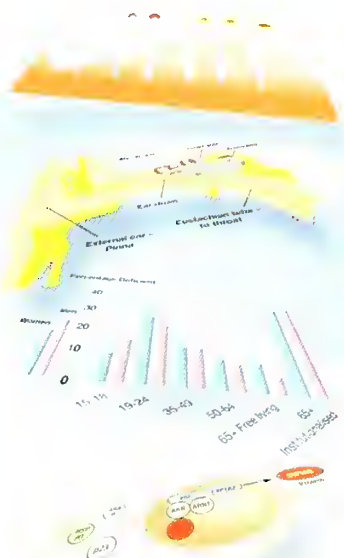
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● If 1,500 pharmacists sign up to Update in 2005 Genus will donate **£5,000**

● If 2,000 pharmacists sign up to Update in 2005 Genus will donate **£10,000**

The donation will go to the charity listed below which receives the most votes from pharmacists or pharmacy technicians who register for Pharmacy Update 2005. Make your vote count when you register:

- TB Alert (www.tbalert.org)
- RPSGB Benevolent Fund (www.rpsgb.org.uk)
- Great Ormond St Hospital Children's Charity (www.gosh.org)
- Shelter (www.shelter.org.uk)

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The Genus Challenge – Vote for the charity of your choice. Which charity would you like to support? (see above):

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☐ Great Ormond St Hospital Children's Charity

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sweating, chest pain, fatigue, malaise, flu-like symptoms. **Pregnancy/lactation:** try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary. **GSL F** 00079/0347, 0346, 0345, 0356, 0355 & 0354. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, UK. **Pack size and RSP:** All strengths 7 patches £17.49; Step 1 only patches £32.95. **Date of revision:** March 2004.

Reference: 1. Strecher V et al. Poster presented at the 12th World Conference on Tobacco or Health, Helsinki, 3-8 August, 2003.

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